

THE AMERICAN JOURNAL OF NURSING

VOL. III

JANUARY, 1903

NO. 4

RECOLLECTIONS OF A PIONEER NURSE

By LINDA RICHARDS

My plan when entering the New England Hospital Training-School for Nurses, September 1, 1871 (then the only training-school in America), was to complete my course there and as soon as possible after graduating to go to St. Thomas's Hospital—Miss Nightingale's school—in London for a year or two additional training, then to return to America prepared to take charge of a school.

Plans are always so easily made and so much more easily changed. I was very near my graduation when one day a doctor connected with the hospital, and one who had always taken great interest in my plans, Dr. Augusta Pope, came to me to tell me that during her summer vacation in Lenox, Mass., she had met Mrs. Hobson, of New York, one of the directors of the Training-School for nurses connected with Bellevue Hospital and which had been organized but a few months before. The school, which was in charge of Sister Helen, an English nurse, was in need of a superintendent of night duty, and both Dr. Pope and Mrs. Hobson thought it would be wise for me to go there in that capacity for one year, and at the end of that time go to London.

I thought the advice good and accepted it. When my year as night superintendent came to an end I was offered the position of assistant to Sister Helen at Bellevue, and at the same time came the offer of the position of superintendent of the Training-School connected with the Massachusetts General Hospital, Boston.

Again I changed my plans and took the last-named position. The school was small, having only three wards, two male and one female,—in all nearly fifty patients. The rest of the wards, nine or ten in number, were cared for as they always had been, the physicians of the visiting staff thinking and saying that the nursing was done quite as well as it could be or as they wished it done.

Pioneer work is never particularly easy, and I soon found that if the school ever enlarged its borders, it must be because it could show that the work done by it was superior to that done in the old wards and in the old way. There were no trained nurses in the school. It had existed for one year, but I was the first graduate nurse to have charge of it. So it came about quite naturally that when special nursing was to be done I became the special nurse, and this in addition to my legitimate duties as superintendent of the school. Many a time have I done special night duty for three consecutive nights in addition to my own work during the day, and if a nurse fell out from illness it was myself who filled the gap and did her work, that nothing be left undone.

Thanks, first, to my Training-School, where we were made to be very particular in every detail, and, second, to my most valuable experience in Bellevue, where much work as well as the entire care of the wards at night was required of me, I knew my practical work well, and in three months from the time I entered the hospital another ward was added to those we already had.

Thus we continued to grow, until at the end of my first year the entire nursing of the hospital, with the exception of the "private ward," was under the control of the Training-School. A small Nurses' Home had been constructed from an old building on the grounds, and we were recognized as an important part of the hospital. I can never forget the kindness of the superintendent of the hospital, Dr. Norton Folsom, during all those trying months, and I very well knew it was largely through his influence that we grew so fast.

When we were settled in our new home I began thinking again of my long-cherished plan to go to St. Thomas's. I spoke of it to my directors, and they promised to help me all they could. Mr. Martin Brimmer knew personally Mr. Rothborne, Miss Nightingale's cousin, who was president of the Nightingale Training-School managers, and he wrote to him of me. After some months it was decided that I should go as a visitor, not as a pupil, to St. Thomas's, and this with the cordial invitation to make my stay as long as I chose, our managers thinking that I would gain more in this way, and that I did not need the usual drilling of the pupil nurse.

On April 16, 1877, I set sail from New York with a party of friends who were going to Europe for a season of play,—I the happiest of the party, I am quite sure. I reached London on April 30, and with my package of letters of introduction I set forth, first to see Mr. Rothborne. He was not at home, but Mrs. Rothborne advised me to go to Mrs. Wardroper, the matron at St. Thomas's. In due time I was ushered into her presence, and saw a small woman of, I should say, fifty

years sitting behind a desk. She was dressed in black with a fluffy lace cap, the strings of which hung down her back nearly to her waist. Upon her hands she had black kid gloves, and never did I see her in her office without them. She seemed to write as well with them on as the ordinary woman does without gloves. She was grave and dignified in appearance, and asked me at once "just what do you come to us to learn?"

After we had talked a little she said, "I will send you to the home, and Miss Crossland, the home sister, will take care of you and tell you where to go from day to day or from week to week." I was then taken to the "home" and introduced to Miss Crossland, a woman of about thirty-five years of age, with clear blue eyes which looked straight into one's own and a pleasant smile, dark hair combed plainly back from a good forehead. She was a pretty woman with the fresh English complexion.

I was given a very cosy room, and was told that I must feel at home in the office at any time. I arrived before dinner, and at noon-time was taken into the nurses' dining-room to meet them all and also to meet with many surprises. The first was to see two nurses with large pitchers pouring beer into tumblers beside the plates; then to be introduced to some nurses as "Miss," and to others as "Nurse."

After dining, Miss Crossland took me for a walk in Hyde Park and told me many of their customs. Every nurse had an allowance of so much beer a day, and two nurses in turn were assigned to draw and pour it. Each nurse also had her monthly allowance of tea and sugar, and made her own tea at the large open fire in the dining-room, where at mealtime a huge teakettle was always boiling. Each nurse emptied her own teapot at a certain place and washed it and took it to her room. There were a certain number of "lady probationers," women who paid for their instruction for one year, and these nurses were always addressed as "Miss." The nurse probationers were women of a different class, who received a little compensation while training, and were addressed and spoken of as "Nurse." The lady probationers were given charge of wards at the end of the year of probation. The term at St. Thomas's when I was there was four years. The nurses at the end of the probationer year were made staff nurses or put on night duty for a year. The one in charge of a ward was always called ward sister, and was given the name of the ward of which she had charge. The larger number of the wards at St. Thomas's were named for members of the royal family, and so there were "Sister Albert," "Sister Arthur," and so on. The sister of the venereal ward was called "Sister Magdalene," and "Sister Ophthalmia" had charge of the eye ward.

I spent eight weeks at St. Thomas's, one week in each ward, with

the privilege of attending all operations if I chose. I could work or not as I pleased. I often did some little piece of work, such as giving medicines, which was not difficult, as the medicine of each patient stood on a bracket above the head of his bed, and was put up sufficiently diluted to be given as poured from the bottle, the usual dose being a tablespoonful. Directions were printed on the labels of the bottles.

I had a most excellent opportunity to hear clinical lectures, as the different professors took classes into the wards and the nurses could hear the lectures. I soon learned that Mrs. Wardroper was never addressed by her name; she was always spoken of as "matron." The nurses in charge were always addressed by their titles, never by name. Each nurse had a uniform for the Sabbath as well as for the weekdays, and I never saw a nurse in the hospital in any other dress besides her uniform.

As I was the first American nurse to visit the hospital, I very naturally was asked many questions regarding our methods, which were often different from theirs, as our country differs from theirs. I was often asked, "In what way do you have more freedom than we?"

I was, of course, expected to be quite different from the English, and they seemed to be surprised that my speech was so like their own. One nurse said to me, "But for two expressions I would never know you were not an Englishwoman; when you are asked to do anything, you say, 'I will do it right away,' while we say, 'I will do it directly,' and when asked if a thing is to be a certain way you say, 'I guess so,' and we say, 'I think so.'" The nurses all seemed to try to see which could show me the most kindness, and Mrs. Wardroper provided means for me to see all the hospital had to show; Miss Crossland too took special pains that nothing escaped me.

I had been in the "home" less than a week when an invitation came from Miss Nightingale for me to visit her in her London home. Shall I ever forget the excitement that invitation caused? Miss Crossland told me Miss Nightingale would ask my opinion of the different nurses, both ladies and others, and I could see that there was a little anxiety felt concerning the answers I might give. I went on the appointed day, and must say I did not feel quite at my ease as the maid took me to Miss Nightingale's room, but one look into those kind, clear-blue eyes, and the hearty grasp of the little hand quite set me at ease, and before I knew it I was talking as freely to her, who had done more than any one woman living to alleviate suffering, as I would have to a life-long friend. Miss Nightingale was lying upon the bed (I have never seen her in any other position, though I afterwards had the very great pleasure and honor of visiting her for a few days in her beautiful country home).

She was dressed in black, and on her head she wore a very becoming cap.

I was so much interested in our conversation that I had to be twice reminded of a delicious lunch which the maid brought in and placed on a little table by my side. Miss Nightingale said, "I am very glad to see you and talk of the training-school work in America." She asked me much in detail, and carefully wrote all down. When I returned to the hospital the questions were numerous: "What did Miss Nightingale say?" and "What did she want to know?" But had she asked me for criticism, which she did not, I could have found none, and as I look back to-day, I can think of none.

Not long after came the meeting of the Nightingale Training-School Committee. It was held in the large dining-room of the "home," and there I met Mr. Rothborne, Miss Florence Lees, now Mrs. Dacre Craven, at that time in charge of the District Nursing in London at a salary of twenty-five hundred dollars a year; Miss Alice Fisher, whom we know so well for her work in Blockley Hospital, Philadelphia, and many others less well known to us in America. Miss Lees in her sprightly way said to me, "The only thing I do not like about your being here is that I had nothing to do with your coming." She called upon me one day in her uniform of brown holland, in which she looked very handsome.

While I was at St. Thomas's Mrs. Rothborne gave a dinner, to which Mrs. Wardroper and I were invited and where we met Miss Lees once more, with several others connected with improvement work and several members of Parliament, among whom was the Speaker of the House of Commons, a most interesting man.

Miss Nightingale strongly advised me to try to visit King's College Hospital. She said, "It is a most interesting place; the nursing is done by the Sisters of St. John, and very thoroughly too." Acting upon her advice, I went to see the mother superior, Miss Crossland going with me. Such a sweet woman came to us in the reception-room and said, "I am the mother superior; what can I do for you?" I made known my wants, taking pains to tell her that Miss Nightingale had advised me to ask her this favor. She said she would be glad to grant the request, but they never entertained visitors who were not church people, "but," said she, "you can visit the hospital as often as you like and the sisters will be very glad to show you all about." I thanked her and went away. I could not feel disappointed, she had been so nice to me, but what was my surprise when two days later, upon visiting the hospital, Sister Amie, who was in charge of the nursing, said to me, "Are you Miss Richards from America?" I said, "I am." She said, "The mother

superior must have fallen in love with you, for she sent me word that when you came to visit the hospital I should tell you that we would be very glad to have you come and stay a month with us." I sent special thanks to the mother, and in less than a week was in the hospital as visitor. I was told that I would need a plain black dress, and that the other articles of uniform would be furnished me.

When I arrived I was taken to my room by a sweet-faced sister, and she helped me to make myself over into my new way of dressing. A cap was put upon my head and tied with a double bow beneath my chin; a brown holland apron was put on over my plain black alpaca gown. I was then taken to the ward and given over to one of the lady probationers. I soon found that the sister in charge of the ward was the only person to answer questions; no one else ever ventured to reply when the doctor asked a question, the only answer made would be, "Sister will be here directly," but when the meals came and the sister was absent and the lady probationers busy I would be asked to say "grace." I was allowed to go from ward to ward as at St. Thomas's, and as there I could work or not as I chose.

English hospitals are like our Episcopal hospitals in the matter of decorations. They had at that time elaborate mantels which were covered with Scripture texts. They took much care and work, and I often wondered who kept them in such beautiful condition. When allowed to spend two nights on night-duty I found the night nurses did it.

The wards of King's College were very much like the old wards at Bellevue, divided into two alcoves, and on each side of the ward was a nurse. At three o'clock every morning except Sunday the nurses began cleaning. One morning it would be the mantels, another the medicine-closet, and so on until all was done, then begin over again. The sisters and nurses went in and out by the back door and staircase. There were very handsome front stairs, and once I went down them. That same day Sister Amie came to me and said: "I saw you go down the front stairs to-day. I am sure you would not have done it had you known it was against the rule." I assured her that I would not, and that I was very sorry to have broken a rule. I did try to keep all rules, and only that one did I break. The sisters were kindness itself to me, and I shall always be grateful to Miss Nightingale for advising me to go there. I have very seldom heard a woman so warmly praised as the mother superior was by all the sisters and probationers, and once when she was in the ward she took pains to find me and said to me, "I am glad you are here, and I hope you are getting what you wanted to

know." I assured her that I appreciated being allowed to be there, and told her I was learning a great deal, which was very true.

Miss Nightingale had not only advised me to go to the Royal Infirmary of Edinburgh, but had written and made plans for my going there.

The middle of August found me in that delightful city, in the queer but very interesting old infirmary. The new one was not completed for a year after I was there. The superintendent of the Training-School, Miss Pringle, a little woman, often called by Miss Nightingale "The Little General," was half Scotch and half French, a graduate of St. Thomas's, and well she ruled her school in that old hospital. She lived in a little detached building, and I lived with her. She had for her assistant a very able Englishwoman, Miss Pyne, also a graduate of St. Thomas's. After I had been there a few days Miss Pringle said to me, "I thought you were a woman with no knowledge of hospital work and that you had come over here to pick up what you could in a few months, but I find that you know as much as I do about hospital and training-school work."

Shall I ever forget my month there? The wards were like dormitories, with partitions not reaching to the top, and every day from nine to ten in the morning and from three to four in the afternoon all male patients could smoke their fill. The wards were so filled with tobacco-smoke that one could with difficulty see across them.

Nurses in charge of wards had rooms opening off them, and nearly every such nurse kept her own dog. I had not been there very long before I found a dog following me about; an ugly-looking mongrel he was, not at all sweet tempered. No one could at first imagine why "Smike" should have adopted me, until Miss Pringle said she felt sure it was because of my resemblance to the former superintendent of nurses. Be that as it may, a faithful follower and friend did Smike prove during my stay.

The Royal Infirmary was not only very large, but it was kept very full. Every night saw "shakedown" or straw beds made up. Two children were often put into one bed, or a child put in with a man, and never a word of complaining was heard. The men would say, "I get on fine with the bairnies."

Professor Joseph Bell was at that time connected with the infirmary, and every Sunday morning (the only day when he did not have a class of students with him) he had a class of nurses go with him on rounds. Two of the number would be detailed to act as his assistants to do the work the house staff did upon other days. I always made these rounds with Miss Pringle or Miss Pyne and the nurses. I have

never in any hospital seen anything like them or anything which could take their place. Class and lectures were in other ways very like our own, and this I found in every school.

In Edinburgh there were lady probationers and nurses, but no distinction was made. All nurses were called "Nurse," and no one could tell whether the nurses received payment or paid for their training. The Fever House at the Royal Infirmary was quite separate from the rest of the hospital. The walls were tiled, and all appliances were very modern, quite different from the old infirmary. The new buildings are very fine, but the old ones were strange and rambling, covering much ground, and in some places connected by covered bridges. It was most interesting and full of cases, all of which were acute. I shall always be thankful that my visit was made in the old hospital. I was often lost in wandering about, and often failed to make myself understood by the patients or to understand them. My outings were spent in rambling over the city, which to me is very attractive.

I found the old infirmary a very good place in which to finish up my five months' experience in the British Isles. I was the first nurse to go to study methods for use in our own schools, and I was gratified to have Mrs. Wardroper tell a friend that the nursing profession had chosen a very good person to send, as I made no trouble and had made myself agreeable to the people. I prized this very highly, as Mrs. Wardroper was not given to much praise.

In looking back I can hardly see how I could have gotten along without this valuable experience, and can never be sufficiently thankful for the privilege of having had it.

I went from Edinburgh for a few days with Miss Nightingale, and received from her words of encouragement which have lasted all these years. In one of her letters to me just as I was leaving England she bade me and our profession "god-speed," saying, "Outstrip us, that we in turn may outstrip you again."

The month of October I spent in Paris, where through a friend I secured letters from an American doctor who for many years had resided there, and these letters took me into many hospitals. In some instances I was taken into clinics, and cases were described to me as to the special class the professor had at the time. Through this same doctor I was offered a position for six months in one of the Paris hospitals, but I had in mind the organizing of the Training-School of the Boston City Hospital, and so with thanks I refused and came home to begin work again January 1, 1878, and the organization of the Boston City Training-School dates from that time.

CHILD-SAVING WORK IN BALTIMORE

By ANNA E. RUTHERFORD

Graduate of the Johns Hopkins Hospital Training-School for Nurses and General Secretary of the Henry Watson Children's Aid Society, Baltimore

THE interest shown by the nurses at the Congress in Buffalo in Mrs. von Wagner's paper, in which she showed what her training as a nurse had enabled her to do as a tenement inspector in Yonkers, and the knowledge that many nurses are branching out into work connected with the various charity organizations, makes one feel that perhaps an account of the work that has become so interesting to the writer, and which cannot help but come near to the hearts of all of us, might not be out of place in our JOURNAL.

The Henry Watson Children's Aid Society of Baltimore takes as its motto the words of Phillips Brooks, "He who helps a child helps humanity, with a distinctness which no other help given to human creatures can possibly give."

The aim of the society is to try to improve the condition of each child within its home, to prevent the separation of families as far as is consistent with the welfare of the children, and to give to each child that has to be taken from its natural home real family life.

The means that are used to accomplish these ends are, first, the home libraries; second, the reception-house in the city; third, and most important of all, the close personal touch of our agents and of our thirty volunteer workers, and the love and care of the three hundred and forty-seven families in which our children are placed.

We work in close coöperation with the Charity Organization Society. Many of the families of children whom we are able to influence come to us through it, and many of our "home library" visitors are "friendly visitors" for the Charity Organization as well.

A family is reported to the Charity Organization Society as being in need, out of work, and without clothes for the children to wear to school. Their agent visits the family, brings to bear upon it all the natural agencies that can assist it back to normal life, and if there are a number of children connected with it who need an outside influence, reports it to the Children's Aid Society.

They either say, "We have a visitor who is much interested in this family. Will you supply them with a case of books?" or, "Here is a family in need of encouragement and good influence. Can you suggest anything for them?"

We then try to find a woman, and we hope after awhile to find men

as well, who is so filled with a true love of humanity that she is willing to go, week after week, perhaps for years, to that family, become a friend to them, sympathize with them in their sorrows, rejoice with them in their joys, and through it all use her influence for good. In order to do this naturally, permission is asked of the mother to bring a case of books to her house. This is usually gladly given, and we send a case of twenty books, carefully chosen for children. The visitor teaches the children how to care for them, makes the most responsible child librarian, reads to them, and gets them thoroughly interested in good literature. After a while, when she thinks the time has come, she gets the mother to invite in some of the friends of her children, and a library group of ten is formed. You can imagine the possibilities for a woman thoroughly in earnest. When the twenty books are read, word is sent to us and we exchange them for twenty more. At our monthly meeting many of the visitors report, not only the children, but the father and mother as reading every one of the books, and many times the over-tired mother, with no time to plan amusements for her children, sends word to us of her appreciation of the books, and tells how her boys stay in to read and how the children enjoy the games taught by the visitor. Clean hands and aprons, tidy rooms and regularity at school, show the influence of the books and of the visitor.

If it is impossible for the family to be kept together,—the father or mother may have died, or, worse than that, may have become so immoral that the home is not a fit place for the children,—their nearest friends may bring them to us and we accept them as our wards.

If the parents are unwilling to give up the children, but can be proven unfit to care for them, the Society for the Protection of Children may take the case before the Juvenile Court and have the children committed by law to us.

We first take them to our reception-house on Linden Avenue. There we have as matron a woman who has had experience as a teacher, and was for six months housekeeper at the Nurses' Settlement at 265 Henry Street, New York. Any of us who know anything of the life there know that no one could spend that length of time in that atmosphere and not be filled with a love for humanity and an overwhelming desire to start the children right. We keep the children at "Linden House" until we know them and know the kind of a home they are suited for. Some of them need to go to the hospitals for treatment, all need to be clothed and fitted out for country life.

We have applications for children from all kinds of people, with all kinds of motives. No doubt the motive that actuates the most of them is a love of humanity and a desire to care for and train a neglected



THREE OF OUR CHILDREN



HOMES FROM WHICH OUR CHILDREN COME



TWO OF OUR GIRLS



ONE OF OUR COUNTRY HOMES

child, but the servant problem is a serious one in Maryland as well as in other places, and many times the people want the children for the use they can make of them.

Again, even if the child is taken with the very best motive, conditions change in the family, or some member of the family succeeds in making life miserable for our child. The school problem too is a serious one, there being no compulsory education laws, except in Baltimore City and Allegany County, and many of the people in the country being quite satisfied to send their own children for only a few months each year. Therefore one can readily see not only how much thought it takes to place the children, but also what watchfulness is required afterwards to see that they are well placed and rightly cared for. We have regular agents who visit the children twice a year in their country homes, correspondence is encouraged between the children, the foster-parents, and the secretary, and we try to have reports from the pastors and teachers twice a year. Even then we many times make mistakes and are grieved to think of what might have been if only we had done differently.

However, it is a most encouraging work, and many of our children live on in their adopted homes in the country after they are free to leave them (eighteen years of age), marry there, and become a part of the community. Some of them come back to town, go to their old associations, and soon leave disgusted—they have become accustomed to better and purer things; and some, on the other hand, may return to town, do well here, and become useful laboring men and women, caring perhaps for the mother who was obliged to give them up when children. Again let me use the words of Phillips Brooks, printed each year at the beginning of our report: "Anything that touches the life of children, that deals with the beginning of life, cannot help being hopeful. It is as if you should drop something into the fountain which should rush on in the stream and go into the fields and make them richer. It is a joy to do something which shall not merely touch the present, but shall reach forward to the future."



PREPARATORY WORK FOR NURSES ***THE CENTRAL SCHOOL IDEA**

By MARY E. P. DAVIS

Superintendent of Nurses Boston Hospital for the Insane

IN the first issue of *THE AMERICAN JOURNAL OF NURSING*, October, 1900, the editor mentioned the fact that a movement was on foot in Boston to establish a preparatory course for those intending to take up nursing as a profession.

In view of the long-continued absence of data regarding it, the movement, if it made any impression at all, must have seemed simply a ripple made by the premature plunge of a restless spirit just then in need of an outlet for an unaccustomed plethora of time, or by one who, not "sitting down and counting the cost," has been since overwhelmed by the magnitude of the plunge, both in its physical and financial aspect, or, seeing that such a movement was widespread and the establishment of the preliminary course in some hospitals an entity, is content to allow that the ideal course is with us, and that nothing remains to be done except to urge each school to establish a course for itself.

While admitting that there may seem grains of truth in the first group of ideas, the last I am not at all content to allow; and as I have been given the credit of this movement, I am pleased with this opportunity to make known my ideas of a preparatory course, with a few of the reasons for them, and the difficulties that stand in the way of its accomplishment.

To begin at the beginning, it may interest you to know the point where the desultory, vague impression began to assume proper proportions and take definite shape that lack of proper early educational advantages in the science of domestic life was too serious a handicap to be altogether offset by the natural or scholastic abilities of the probationer, or to be more than partially atoned for by the routine methods, without technical instruction, which obtain in the training-schools.

Some ten or twelve years ago, in the early part of my career as a nominal superintendent of nurses, I was asked by one of the "managers," who in visiting the wards of the hospital was struck by the not very prepossessing appearance of a probationer, if we were going to accept her, and receiving an affirmative reply, launched at me a series of questions which in substance amounted to this, Upon what basis do you make your selection?

* Papers read at the ninth annual meeting of the American Society of Superintendents of Training-Schools for Nurses, held at Detroit, Mich., September 9-11, 1902.

Up to that time I had not given the acceptance or rejection problem systematic thought enough to be ready with any more intelligent answer than an enumeration of the requirements set forth in the circular supplied to applicants, which are approximately the same in all schools.

While giving the answer I became suddenly conscious that I was making a rather lame, if not misleading, statement, and I hastened to throw in "personality," "temperament," "aptitude," and a few more qualifications that came at random to my mind, being all the time aware that in this particular instance the weight of the evidence was against me, and that it was superior educational advantages, both in academic and household branches, that made her acceptance possible.

A careful after-study of the situation led me to the conviction that while it was true that without the qualifications *à la* circular she could not be accepted as a probationer, it was equally true that the possession of them was not sufficient to insure her acceptance as a pupil unless accompanied by higher intellectual attainments than the circular called for, combined with the domestic sciences, of which manual dexterity is the exponent.

From observation and experience of the failures or successes of the majority of probationers I arrived at the above conclusion, coexistent with another, which was that in assuming the burden of this higher education we were unwisely making ourselves responsible for all the defects and deficiencies in the training of nurses, and bearing the criticisms against the profession, aimed for the most part not against their nursing education, but the concomitants.

You can see at once that, following up such a train of thought, a preparatory course for an entrance standard was inevitable, which resolved itself into the organization of a technical school entirely free from domination of hospital or training-school, planned and conducted by mutual arrangement between the two schools, where anyone possessing certain qualifications and paying a nominal fee might take the course.

Under such a plan, at the end of the school term a certificate would be given to the successful pupil, which would be honored by the training-school only so far as to accept the holder as a probationer.

It binds the training-school to nothing more than a trial, and will in no way conflict with or supersede the existing regulations.

The time-honored custom of probation will continue, robbed of the greater part of its terrors and objectionableness. The tests of physical capability and mutual balance will still be made by the school authorities and gauged by the standards of the profession. If the probationer

fails to grasp the situation or master the nice points in the handicraft which cannot be taught by precept or acquired by imitation, or if the attitude is at variance with the ethics of the profession, she will be rejected, then as now, but with far more certainty of finality.

This entrance standard, I know, is calculated to "take away the breath" of the superintendents, especially of the large schools, as the question at once arises, How will we ever secure the full complement of probationers necessary to make up our classes and do the work?

Well, if it comes to that, don't have them do the work, have them do the nursing, and make them responsible for the character of the work done under their supervision. But that we have small grounds to hope for so agreeable an innovation we have only to "hark back" to the early days of training-schools to hear the echo of the same cry, when the difference between the requirements for entrance to a training-school and the qualifications of the rather intelligent but illiterate hospital nurse was far more pronounced, to have our fears set at rest on that score.

While recognizing the merits of the preliminary course in hospitals, in support of my ideas of an entrance standard I am obliged to oppose it:

First, because few hospitals in their physical construction are capable of accommodating one-third their nursing staff on a purely academic basis, or financially able to furnish tuition, board, and laundry where "future expectations" is the only indemnity.

At varying periods a number of these people will be found unsuitable for the profession, though abundantly able to acquire the technique, and they go out by so much the debtors of the hospital, diverting its funds from legitimate channels, giving color to the otherwise unjust criticism that nurses' education is purely charitable and consequently defective.

Second, in establishing courses in the few which have adequate facilities we are discriminating against the majority and bidding fair to defeat our own aims.

What are our aims?

Ours has been most emphatically the improvement and advancement of the "body professional."

If the preliminary course cannot be successfully introduced into all the training-schools, we might as well abandon our plans for a uniform curriculum, from the adoption of which we anticipated so much that would be of advantage to the nursing world.

Another is State registration. What ghost of a chance will the graduate from the indigent training-school have when she comes up

before the State Board for examination, when we are so fortunate as to obtain legislation?

I say nothing of the already overworked superintendent of nurses, who must plan and direct, or is at least responsible for all this additional theoretical education, since it is a part of the curriculum, who simply shifts the burden from one shoulder to the other, and goes more serenely on, sacrificing herself and resignedly breaking down at a much earlier stage of her career. The pity of it is its needlessness.

The hospital is the place par excellence to teach the art of nursing and to practise the science, but it is not the best place, or even a good place, to teach the concomitants.

If we are convinced of this, where is, then, the best place?

Ah! there's the rub.

There are a number of technical institutes throughout the land and schools galore where all and special branches are taught. We might think at first glance they were just the places we were in search of, but we have learned that they do not fill the long-felt want.

I have not looked into the matter very closely, but so far I have not been able to discover that any of them have in any appreciable degree arranged a course looking exclusively to this end, and I have yet to meet with the applicant who in preparation for this work has taken such a course.

Realizing that the methods in these schools are pedagogic, or towards school honors rather than utility, and that the time consumed and the money expended are items of consideration to the expectant probationer, also that from ignorance of her special needs she would be unable to select the desired subjects and plan a course for herself, much less be able or allowed to dictate the method of procedure, even if she knew what she wanted, it becomes imperative that special schools for this preparatory work be established in or near all the great training-school centres, and that all who are criticising the product of the present methods, and their name is legion, or clamoring for better educated nurses, or a better system of nursing education, embrace the opportunity thus presented to put their shoulders to the wheel and do their part towards bringing about the desired result. This is purely an educational scheme, and no one need feel the least hesitation in calling upon the public, who will be largely the recipient of its own benefactions, or philanthropists, whose aims are "the greatest good to the greatest number," or owners of superfluous wealth seeking worthy objects on which to expend it, to give it financial backing.

Money is all that is necessary to place such a school on the broadest basis. A well-paid corps of teachers and demonstrators will insure good

results, and while every subject purely medical or nursing will be excluded from the curriculum, "everything that a nurse should know," exclusive of those subjects, will be planned and arranged for by an efficient committee and the school supervised by one eminently fitted by long and intimate acquaintance with the methods, limitations, and defects of the present system, the needs, demands, and aims of the future, to make it of the utmost utility.

Herein is the strongest argument in favor of the preliminary course in the hospital—that the whole scheme from beginning to end is under the direction of competent judges of the requisites.

I will give one case in point showing the difficulty of arranging a course in any technical school not wholly given up to that one purpose.

In the *JOURNAL* you must have seen the notice that the superintendents of nurses in Boston met at the Thorndike to discuss "nursing questions," and although that was not their only meeting to discuss those same questions, the moving cause of this particular one was an article which appeared in the *Transcript* entitled "A Unique Institution for Women's Technical Education."

It was a glowing announcement, and offered opportunities for technical preparation in every walk of life in which women are engaged as bread-winners. Among others, and most important to the superintendents, was the announcement that a preparatory course for nurses would be established. We hailed it with delight for the promise it gave. A committee was formed to confer with the officers and an audience was granted by the dean, who kindly devoted some time to the discussion, frankly acknowledged that no plans had been formed, because no one knew exactly what was wanted, courteously listened while we explained our position, now and then made a suggestion, frequently asked a leading question, was readily convinced that in this instance it was not one, but many branches that had to be condensed, weeded out, or dovetailed together to make a symmetrical whole, but the suggestion that nurses have a voice in this arrangement met with negative and most non-committal encouragement. While apparently recognizing the justice and common-sense of the request, we were made aware that we had reached the limit of the dean's authority, and were informed that the matter would be laid before the trustees.

To sum up the points of importance in my plan for a central school:

The school is to be preparatory for the purpose of acquiring theoretical knowledge of the practical work required, so that the work from the beginning of the probation shall be intelligently, not mechanically, performed.

It is to be established outside hospital or training-school jurisdiction for its broad general effect. It is to be central, bounded at first by natural or geographical divisions, later by the need and ability to establish greater numbers, but never exclusive.

The plan, based on the relation of the preparatory school to the training-school.

The term, one school year.

The curriculum, arranged by a committee of experts, composed equally of nurses and teachers.

Entrance qualifications fixed by the same committee.

A fee, nominal or otherwise, according to the financial status of the school, but always a fee.

The certificate, a blank form filled out by the proper authorities constituting a standard for entrance to a training-school.

The principal of the school to be an ex-superintendent of nurses chosen by the superintendents of training-schools of the territory within which the preparatory school is situated. The choice to be ratified by the trustees.

While the whole scheme as presented is merely a rough outline, it is perhaps enough to show that the undertaking, if not overwhelming, is neither small nor simple.

We are agreed the world over that an innovation is a necessity—something must be done to improve the present training-school system, and we are unanimous also that the “something” is a preparation for the work before undertaking it, the only real difference of opinion being, who shall be responsible for this primary education?

I hope that I have made it clear that while I do not underestimate any of the difficulties, the plan is feasible if the one serious obstacle, the monetary situation, can be overcome.

PREPARATORY WORK AT THE NEW YORK CITY TRAINING-SCHOOL

BY MARY S. GILMOUR

Superintendent of Nurses New York City Training-School

For some time past, about two years, it has been very apparent that a preliminary course was necessary for the pupils of the New York City Training-School.

This conclusion was arrived at before any communication was held with other schools which had established a preparatory course. In fact, the officers, three in number, were so busy attempting to do all the

teaching required, both theoretical and practical, that no time was left to inquire what other schools were doing.

The course was two years, the places of the pupils being filled as vacancies occurred, so that there was little uniformity in the knowledge gained by the pupils during the first year, some entering the school in April being placed at work in the wards, and classes for theoretical instruction were not formed till the following August. Pupils sometimes reached their junior examination and failed after being nine months in the school. As all pupils are sent on their emergency service and act as senior nurses during the second year, one can readily see what it means to the school to lose a pupil at the end of her year, as well as what it means to the pupil to lose so much time in gaining a profession.

The practical training of the pupil for the first six months has been very hard. She knows nothing from a nursing point of view. If she enters the school when the classes begin, she does better, for the theory and practice go hand in hand, but if not, the teaching is very one-sided, and she is an element of danger instead of help in the wards.

After careful consideration, it seemed that if a pupil could be taught the theory required of her when she takes her junior examination, before she took up her work in the wards, it would help matters considerably. She could then take up her practical work more intelligently, or in other words, if she knew the language of nursing before she came to reside in the nursing world, it would help every one materially to teach her its habits and customs and protect her new associates from discomfort and possible injury due to her extreme ignorance while adapting herself to her changed surroundings.

We made inquiries, and found there was no school or college giving this teaching to prospective nurses, and we decided to try what could be done for probationers in our own school.

Inquiries were then made at various hospitals, but very little light was thrown upon the subject for us for the reason that no other school was situated as we were, with so much emergency work depending upon us. We were therefore obliged to work out our own plans. *What* we wanted was clear enough, *how* to secure it was another matter, for lack of room and of teachers and facilities for teaching were great drawbacks. But these obstacles are now in a fair way to be overcome, and we expect to put in force our new schedule on October 1.

Our classes will be formed quarterly, all pupils thus starting on the same footing. During the three months each probationer will spend her morning in the wards assisting the side nurses and learning the names and care of ward utensils and furnishings under the care of a post-graduate head nurse; she will spend her whole afternoon in study

under the teachers of the school. At the end of the quarter she will be given her junior examination in anatomy and physiology, materia medica, sanitation and hygiene, dietetics, and practical nursing. The morning hours spent in the wards will give an opportunity to judge of her practical fitness for the work, so that we expect thus to be able, at the end of the quarter or probationary period, to place our uniformed nurses in the wards much better fitted from every point of view to undertake the responsibilities of their regular course. This period of probation is to be included in the regular course.

As so much of our teaching has been done in the evenings, it has been thought better to lengthen the course to three years and put all our work into the day hours, leaving the evenings free for rest and recreation.

How much of a success this will be remains to be seen. We hope another year will see us well established in a preparatory course.

Personally, I do not approve of each training-school doing its own preparatory work. It is a serious tax upon the officers' time and energy and upon the capacity, resources, and finances of the institution which ought not to be borne by them.

Our colleges, recognizing that special preparation must be given to students entering certain professions, such as law, medicine, etc., have made provision for such exigencies. Why cannot nursing be recognized as a profession needing special attention, and young women just making a decision for the future be given an opportunity to go right on and take up this special theoretical course and then enter a training-school later for two years of practical work and the study necessary to make that practice a success.

I think much better results would be achieved both in the care of the patients and the uniformity of the training of the pupils. The officers would have more time to devote to the details of the work, and the absence of expense for teaching and maintaining the probationers and pupils would materially benefit the institutions with which the schools are connected, and, most important of all, with other contemplated reforms carried through, our profession would be put on a recognized basis which would place it beyond criticism.

Should such a course be considered for applicants to our schools, the country is not barren of resources for teachers, for I understand the Teachers' College of New York City is turning out every year women, trained nurses, specially adapted for such positions as instructors.

PREPARATORY WORK AT THE WALTHAM TRAINING-SCHOOL

BY MARTHA P. PARKER

By way of preface let me say that should those of you who have read the last report of the Waltham School accuse me of plagiarism I shall not deny the "soft impeachment."

A most interesting morning was recently spent at this school, where, under the guidance of the very courteous principal, Miss De Vebber, I was shown the work of the preparatory department. This six months' preparatory course was established in 1895, under the supervision of Miss McLeod, who had previously been abroad and observed methods at the Glasgow School under Mrs. Strong.

The course as at present carried on may be divided into six branches—first, domestic science; second, housekeeping; third, anatomy, physiology, hygiene, bacteriology, and medical chemistry; fourth, district visiting, nursing of infants, convalescents, and chronic patients; fifth, personal improvement; sixth, care of outside of the body or surface nursing.

The branch which receives the greatest number of hours of systematic instruction is that of domestic science, which includes chemistry, dietetics, fermentation, putrefaction and decay (with special reference to their effects on food), marketing, and cooking. In chemistry the object of the course is to give some idea of the nature of chemical changes, an elementary knowledge of chemical processes, and familiarity with the nature of ordinary chemical substances in common use. Thirty-two lecture periods of one hour each and sixty-four hours of required study constitute this course. It is strictly a laboratory course, only such lectures being given as are necessary to explain processes. Each pupil performs each experiment for herself, the results being kept to show the instructor, or when this is impracticable, a record of results is required.

The author of "Boland's Invalid Cooking" was giving a black-board demonstration and quiz to eight probationers on the morning of my visit, and I was told she had been the instructor in domestic science at this school for the past eight years.

In dietetics the attempt is made to present the subject of food values in such a manner as shall enable pupils to gain some knowledge of the nature of ordinary food substances, to recognize the relation of food to the growth, repair, and energy of the body, and to estimate dietaries. The probationers plan each meal, often with relation to the supposed wages that a man might earn, be it fifteen dollars a week or twenty-five dollars a week. This is exceedingly practical, as many

a nurse in private practice finds herself not only the *nurse*, but the *housekeeper* for the family. This course in dietetics is in part a laboratory course and consists of eight periods of one hour each, and sixteen one-hour study periods.

The course of lectures on fermentation, putrefaction, and decay is intended to give a knowledge of the fundamental principles of decomposition changes in food and to indicate methods of prevention and preservation. This course consists of twelve lectures of one hour each, with demonstrations by aid of the microscope.

The course in marketing consists in part of lectures on judging of food products in open market and in part of practical work in ordering, inspecting goods received, weighing, and recording amounts. There are four one-hour lectures, six hours of market inspection, ten hours of buying, and ten hours of required study.

The work in cooking is divided into two parts—first, cooking for the well, and, second, cooking for the sick. The housekeeping work of the home is done by the probationers under the close supervision and constant teaching of the principal and her assistant. The class is divided into squads, each having its special part of the housework. As they become skilled in the kind of work assigned to them, they are changed about, each to take up some new work, and thus a uniform training is given them.

The third branch of the preparatory course includes the instruction given in anatomy, physiology, medical chemistry, and bacteriology. Two lectures are given each week, followed by quizzes, recitations, and examinations as needed to make sure that the subjects are being understood. In the bacteriologic course, by the aid of the microscope and of the incubator the commoner disease-germs are grown and studied and tests applied of the asepsis attained in the different methods of sterilization. This instruction is given in order that the pupils may understand the rigid drill given them in preparing sterile food for infants, in making up surgical material, and in serving at mock operations, where perfect surgical cleanliness is demanded of them.

The fourth branch of the preparatory course is the district nursing visits. Most of these visits are to lying-in mothers and their babies. At each home the mother is bathed, her hair brushed and braided, bedding changed, room put in order, gruels and broths made, and the baby washed and dressed. Observations of condition of patient are recorded on slips that are carried to the physician's office for his inspection and further orders.

When there is need, a second visit is made in the evening. Most of the time of the instructor in visiting nursing is devoted to this part

of the probationer's work. The first few visits are made with the instructor, but after a few lessons the probationer goes alone, and while at her work she is visited and criticised by the instructor, or the instructor visits the patient after the pupil has left to see if all has been well done.

The fifth branch in this course is personal improvement. Six lectures are given in history of nursing, four lectures upon personal hygiene, eight lessons in note taking, four in clinical records, and eight in reading aloud. Once a week for several months there is a class in voice culture, also regular gymnastic exercises under direction of instructor in physical culture. In the sixth branch, that of surface nursing, for two hours three times a week for three months instruction is given in massage, manicuring, and care of scalp and hair.

A pleasing feature of this school is the number of paid instructors. At the time I visited there I was told there were *eight*. They make their selection of instructors from their graduates who have proved themselves most proficient in their especial line of work.

The Waltham School evidently believes that "nursing should be taught by nurses."

DISCUSSION

THE PRESIDENT.—The subject of "Preparatory Work for Nurses" is now open for discussion. If there are any who have any ideas of the subject, we would be pleased to hear from them. It is a practical subject in which we are all interested.

MISS AYRES.—I would like to inquire whether preparatory schools have any tendency to lessen the applicants to the training-schools?

MISS GILMOUR.—I think not; on the other hand, I am inclined to think it would increase them, because young women could take this preparatory teaching in a special school such as we have heard suggested before the age at which they could be admitted into the hospital. Yet as our work is only begun, I cannot answer from direct experience.

MISS AYRES.—What I had in mind when I asked my question was that it would be advisable in the way of weeding out a great many undesirable applicants. Many fail in the first year for lack of sufficient mental ability, and those who went through would appreciate the value of training. I am sure we all did a great many things because we were told to, the meaning of which we did not realize at the time; and as I understand it, it will be largely the work of the preparatory school to make the probationer better able to grasp the deeper meaning of the work, and at the same time discourage the superficial applicants.

MISS ALLERTON.—I think the society might be interested in what we are doing in Rochester. We have there what is known as a Mechanics' Institute, where they teach chemistry, bacteriology, and domestic science as well. We in Rochester are trying to begin in a small way. Each school sends its own probationers, receiving them ourselves and judging of their qualifications, and sending

them together for lectures to this institution. This year we expect to have our anatomy, physiology, bacteriology, chemistry, and domestic science taught there. Our classes we have not quite arranged, but we have begun in this small way and hope to continue this year.

MISS DOCK.—You keep your probationers in your own schools?

MISS ALLERTON.—Yes.

MISS DOCK.—How is the time arranged that they spend in the training-school?

MISS ALLERTON.—We have tried to plan a certain number of hours each week for study and for probationer's work. The scheme has not been perfected, but the members of the board of this institute are very anxious to give us all the assistance possible in this matter.

MISS DOCK.—It seems to me quite important that during this preparatory course the pupils should not live exactly as college women do, for then they do not get the daily drill in order and neatness so necessary for a nurse. For this reason I favor the pupil living in the training-school during her preparatory work, where she is under discipline and learns to think of others' convenience, to put things away, and to keep everything clear. If these preparatory courses are established independently of the hospitals, I think the question of the pupil's mode of living should be provided for under some semi-military or training-school system. Otherwise they would come into the wards as raw as medical students, and we all know what they are like.

MISS BANFIELD.—I agree with this point. The question of a central school has been brought up in Philadelphia, but to my mind its weak point is exactly this one.

Would it not be reasonable for pupils to pay a moderate sum for board and expenses to the hospital which receives them and gives them this preparatory teaching?

MISS LIGHTBOURNE.—Some pupils may take this preparatory teaching well and may then go into your wards and you may find out that they are not fitted to become nurses. What can you do about this?

MISS DOCK.—I have asked Miss Nutting about that, and she says that is a weak point in the preparatory course, one which they will have to find out by experiment, because she admits you are likely to find some are not adapted for nursing, although she thinks by having them in the house, as they have there, under close observation, you can soon get a very fair estimate of their qualifications; and then to obviate that weakness she has begun now giving her preparatory pupils a little of work in the outdoor department, where they get some surgery and have the management of children. They get a certain amount of experience in dealing with patients in that way, and she has concluded that it will be necessary during their preparatory training to give them enough work with sick people to find out whether they have the right gifts, or else there might be a very decided hiatus and you might lose a good many pupils who went into the wards and found they did not have the right qualifications for taking care of the sick.

MISS BANFIELD.—That seemed the strong point about Miss Gilmour's method, that she combines the work with the theoretical training, and so far as I have been able to notice, that is the only school which so far has been able to do it. In a general way our papers seem to advocate keeping them separate, and, of course, in a central school they would necessarily be so.

MISS ALLERTON.—I perhaps did not understand the question, but it was the intention of both Miss Keith and myself to arrange for some work for those pupils inside. Just what it would be or just how to do it has not been determined, but we expect to have them under our supervision in order to be able to judge whether we are spending money for pupils who will be unsuitable.

MISS TWITCHELL.—While there are many subjects that could be taught advantageously before the pupil goes into the wards, yet I do not think all study should cease when they begin practical work. There are many subjects in which it seems to me so absolutely necessary theory and practice should go hand in hand that I would for one not be willing to separate them entirely.

MRS. FOURNIER.—The question has been asked if it would not be advisable to charge the probationers something per week to pay possible expenses until such time as their acceptance has been made. I would like to ask the experience of other superintendents, if they do not find the probationers' work is worth a good deal to the hospital? Does not the hospital get a good deal of service? It seems to me that during the first six months we get a great deal of service that otherwise would have to be paid for, and would be much less well done if we were paying servants to do it, which is now being done by the younger nurses under supervision.

MISS BANFIELD.—I had no intention of charging the present probationer for her first six months, because I think she does return an equivalent in doing the work she does—fully—to the hospital, even although it is not skilled labor. She is sometimes asked to do more skilled labor than she is capable of doing, and if she is capable, much more than makes returns. But under the new regime it is proposed that she should be practically out of the hospital altogether, or in the hospital entirely for her own ends and purposes; I understand, at least, that that is so, and if it is not the purpose to utilize her labor, but to put it on what is called an educational basis, in that case the hospital would receive practically nothing. I may say that the proposal of the central school in Philadelphia, which has not really come to anything yet, is that a fee of five hundred dollars a year be charged to the students to pay for what they received, but that is really more than I should propose.

In reply to an inquiry the following replies have been sent:

"In reply to yours asking how the preliminary instruction course at the Mechanics' Institute affiliates with the practical work of this hospital, and what changes have been necessary in order to admit it, I reply, briefly, that in the hospital our senior class of ten pupils have instruction twice a week, and our intermediate class of twenty have instruction four times a week, this arrangement being in no way changed by the new departure.

"Our junior class numbers twenty; of these twenty the older ten are taking the three-months' preparatory course at the institute, three lessons a week. After three months they will stay at home, and the other half will take a similar course. Besides this, the twenty as one class have one weekly recitation during the entire class year.

"The institute pupils are out of the wards on Monday, Wednesday, Friday, and Saturday from two to five-thirty P.M.

"Our usual hours of duty are seven A.M. to seven P.M., with two hours off, it being understood that one hour is for rest and one for study, but for this particular class we make this modification:

"*Monday, Wednesday, and Friday.*—Two to three, study hour; three, dress and ten-minute walk to institute; three-thirty to four-thirty, class; four-thirty, ten-minute walk home, change dress; five, supper; five-thirty, report for duty until seven.

"*Tuesday and Thursday.*—Two to three, study hour; three to four, recreation.

"*Saturday.*—Two to three, study hour; three to four, recreation; four to five, home class recites.

"On the afternoon off, which is given either Tuesday or Thursday, the pupil is excused from study. This study hour (in the library) was inaugurated because the course is an expense and an inconvenience to the hospital, and in order to justify it the results must be good, so we felt unwilling to take chances on half-prepared lessons. Either myself or my assistant are attending these lessons at the institute because we want to know what is taught, how it is taught, and how our pupils compare with pupils from other schools.

"Our school has been increased four pupils in order to carry this course. There has been no insurmountable difficulty, though it requires ingenuity to distribute these pupils where they can be taken away every afternoon without crippling the service; also there are substitutes to be provided and head nurses to be appeased. This part of the work falls on my assistant, and that we are able to carry it at all is due to her unceasing efforts to have good results whether or no.

"I hope some time to keep these pupils out of the wards altogether while they are taking this theoretical work and to add to it a course in practical domestic science with our Nurses' Home as a field for action, but I have not yet secured a teacher in sympathy with the movement.

"The institute pupils are as far as possible kept away from night duty during these three months. An occasional one who must be used is called for the three-thirty class and studies from six to seven.

"As far as the institute is concerned, there is no question in my mind. I consider their teachers and their methods excellent in every way, but until the course is finished and we see what application the pupils can make of their knowledge I am unable to state the practical value of the course. Our visiting staff hold bedside clinics for the second-year nurses, and that the pupils may bring to these clinics receptive minds to absorb and assimilate this instruction is one of our motives for adopting the preparatory work, and I trust we are not too optimistic in expecting good results.

"MARY L. KEITH, Superintendent Rochester City Hospital."

December 18, 1902.

MISS GILMOUR'S REPLY

OUR examinations are over, and, as I told you I would, I will try and write you what I can of our course at this time. As we are handling only our own pupils and have very limited room so far,—we expect to have more within a year,—we had to begin in rather a small way, and so we took in our first class twelve. On the entrance examination one failed and returned to her home. Of the remaining eleven, one was obliged to go home on account of her mother's health and the ten came up for their examination on Monday. One of these failed. The rest all passed, making a class average of eighty-four per

cent. I enclose you a copy of the examination-questions, which will perhaps give you a better idea of just what field we have covered during the three months, or, more properly speaking, two months and a half.

It has taken four teachers for the course. As these teachers were officers of the school, we have not been to an extra expense for their work. The cost has been for the maintenance of the probationers principally. The course covered:

Ten lessons of two hours each in demonstration of practical nursing.

Six lessons of one hour each in domestic science.

Four lessons of one hour each in hygiene and sanitation.

Ten lessons of two hours each in invalid cookery.

Ten lessons of one hour each in anatomy and physiology.

Ten lessons of one hour each in materia medica.

Ten lessons of one hour each in preparation of solutions, care of medicines, etc.

In addition to this theoretical teaching, the pupils have spent the mornings in the wards assisting nurses in uniform, and thus we have been able to judge of their practical fitness for the work.

What we wish to accomplish in our course is, first of all, to present greater uniformity in the studies; second, to be able to form a reasonable judgment of a probationer's fitness, both in theory and practice, before she goes into uniform, and, third, to protect the nurse and the patients from the uniform. By this I mean that the uniform must represent a certain amount of knowledge. Formerly the nurse passed through her month of probation without special instruction, donned her uniform, and, so far as appearances went, was liable to have demands made upon her that would properly belong to much more advanced pupils. Unjust criticism was apt to follow, and many explanations were necessary in her defence. This is now done away with. The nurse in uniform enters the medical wards for service and is ready for all ordinary demands which can be made upon her there, and she is prepared for the next service before she enters it in the same way.

Although so short a time (since October 1) has elapsed since we began, already results are most gratifying along these lines, and we feel confident that the hospital will reap great benefit from the change as well as the nurses themselves.

MARY S. GILMOUR,

Superintendent New York City Training-School, Blackwell's Island.
December 19.

JUNIOR CLASS.

Practical Nursing.

Five out of eight questions to be a full paper. Questions two and three to be included in the five answered.

1. How would you select and prepare a bed for a patient whom you expected to be ill for some time?

2. What should be the daily care of a sick-room and of utensils used?

3. State and describe the different methods of ventilating sick-rooms.

4. Tell briefly how you would prepare a patient to sit up in bed for half an hour the first day of convalescence.

5. What is temperature, pulse, and respiration? What are the limits of each in health?

6. Describe how you would give a sponge-bath. For what are baths given, and what general rules would you follow?
7. How many kinds of enemata are there. For what purpose is a nutritive enema given?
8. How would you make and apply a poultice of linseed meal?

Anatomy and Physiology.

Five out of eight questions to be a full paper. Questions two and seven to be included in the five answered.

1. What are the structural elements of the tissues? Describe them.
2. Name the principal tissues of the body and give a brief description of each.
3. What are the principal constituents of bone?
4. What is the cause of a "greenstick" fracture, and what causes brittleness in bone?
5. Describe a perfect joint.
6. What and where are the following: olecranon process, os calcis, ulna, vomer, ensiform appendix, fontanelles?
7. Give a brief description of the circulation of the blood.
8. What functions does the blood perform in its circulation, and what is its chief agent in performing this function?

Materia Medica.

Five questions out of eight to be a full paper. Questions one and five to be included in the five answered.

1. What is materia medica? Of what benefit is the study to a nurse? How far is a nurse justified in giving drugs?
2. Outline fully the general care of a medicine-closet and its contents. What indications show whether medicines are in proper condition or what outside influence may affect them and how?
3. What should a medicine-list indicate? Show by diagram or otherwise how you would keep an increase list.
4. In how many ways may medicine be introduced into the system? Name each.
5. What factors would you take into consideration as likely to influence the action of a drug which has been administered?
6. Tell what you can about arsenic.
7. How would you prepare and administer a seidlitz powder?
8. What precautions should be taken in caring for a patient who is on a course of iron? What are the earliest symptoms of intolerance of the drug?

Solutions.

Five out of eight questions to be a full paper. Questions one and five must be included in the five answered.

1. Write out fully apothecaries' weight; dry measure and fluid.
1. What is meant by a 1 to 4 solution?
3. How much of a solution marked 1 to 6 would you give for a dose of grs. xxx?
4. How much of a pure drug would you take to make Oz. of a 1 to 20 solution?

5. State in detail how you would prepare a solution of carbolic.
6. A drug is marked $M.x = \text{grs. } 1/30$. How much would you give for a dose of grs. $1/20$?
7. A drug is marked 2%. How much would you give for a dose of grs. i ?
8. (1) For what do the following signs stand: $\ddot{s}\ddot{s}$; p. r. n.; q. h.; a. c.; t. i. d.; q. s.
(2) How would you give $M \frac{1}{2}$ of a drug?

Dietetics.

1. At what temperature is starch properly cooked?
2. What class of patients are given a largely starchy diet?
3. Is starch digested as starch?
4. What would be the effect of a prolonged diet of undercooked starch?
5. At what temperature should albumen be cooked?
6. What sort of fish is used in diet of sick?
7. Do we use shell-fish other than oysters for the sick?
8. What is the food-value of gelatine?
9. Is cheese a nourishing sort of food?
10. Why do we eat?

MISS NUTTING'S REPORT

As we have just entered upon the second year of our work, we have naturally not yet come to the "conclusion of the whole matter." We have, however, after close observation formed certain opinions, and they all converge in one direction,—viz., that the preparatory department is proving to be of great value to the students, to the school and hospital, and that it not only fulfils, but in some ways surpasses our expectations. The advantages which it was claimed would result from the introduction of this method are evident even at this early stage. The students who pass through this department enter the wards admirably prepared not only by definite instruction in prescribed subjects, but with standards and ideals of work which are of the first importance in those entering upon the study of this profession. Some slight difficulty is found during the weeks immediately following their admission to the wards, while the students are trying to adjust themselves to new conditions; learning to work under pressure, and yet to apply satisfactorily the careful and exact methods which they have been taught in the preparatory department. The solution of this difficulty may possibly be found in some changes in the work of the wards rather than in the training of the student. On the whole, the work in the hospital is greatly benefited by the entrance of the prepared and instructed pupil in place of the ignorant and unskilled probationer. The longer period of probation is of much value in enabling me to form more accurate conclusions than under the old system. The students are working under a few instructors all day and every day for the first half year, and their capabilities and temperament cease to be matters of conjecture. The present method gives a chance to those who develop slowly. The former method did not.

The changes in the administration of the Nurses' Home, whereby it is made a school, and the work done under expert highly trained supervision, and to some extent by pupils, have proved a measure of true economy, and probably fully counterbalanced the cost of maintaining a class of pupils in addition to

the number required for service in the wards. This has been one of the most satisfactory features of the system, and has shown gratifying results in the excellent health of the pupils and the greatly improved tone and atmosphere of the entire place.

What renders our administration so economical is the carefully trained expert at the head of each department.

ADELAIDE NUTTING,

Principal of the Training-School Johns Hopkins Hospital.

BALTIMORE, December 19, 1902.

HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 181)

THE introduction of the science of hygiene into our every-day life has caused a radical change in the management of the household, and one of the points that comes strongly to the front is the question of ventilation.

This is a question of great importance in the strenuous life of our large cities, as the nervous system is strung to its highest pitch, and an abundance of fresh air in our homes will rest and strengthen us, both mentally and physically.

When we turn to the consideration of thorough ventilation in the care of the sick, we reach a point that requires most careful thought. Fortunately, the majority of mankind has learned to recognize this, at least to a large extent, and we are seldom now confronted with the statement that the invalid must not "change the air of the room," which by some wise people used to be considered the height of good nursing.

It is necessary, of course, to exercise great care to protect your patient from draughts, but there are many ways to provide for this. Fresh air we must have in the patient's room, in even larger quantities than when he is well and strong, as a double supply of oxygen will strengthen the lungs and will also prove a good mental tonic.

You know in a moment on entering a room whether it has been or is properly aired, because, coming from the outer world, you will at once notice if there is a heavy, close atmosphere. It is almost impossible for the patient to observe it, as remaining even a few moments in a poorly ventilated room, one becomes accustomed to the air, and though one may feel dull and depressed, perhaps even suffer from a headache, it is often assigned to some other cause.

With the nurse rests the whole responsibility of proper ventilation, and she will do well to make a practice, when passing in and out of the room, to observe whether the atmosphere is oppressive in comparison with that of the rest of the house.

Should your patient be very susceptible to cold, there are various ways to ventilate without exposing him to a direct current of cold air. For instance, if it is not possible to open a window in the sick-room, use an adjoining room; open the window there above and below, and the air will pass gradually through the door into your patient's room in a milder form. You may even close the door between the two rooms until one is thoroughly ventilated, then shut the window and open the door into the sick-room, and the air will circulate freely.

Another method is to leave a window in the patient's room open at the top a few inches, thus providing an outlet for the impure air, and the fresh air will find its way down into the room. Hot air always ascends, so that if the window is open at the top, it will have room to escape.

To form a perfect circulation, the window must be opened a few inches above and below; if you are afraid of a draught for the patient, place a piece of thin board, or cardboard six or eight inches wide, across, but a little away from the lower part of the window, and the air will enter in an upward direction instead of blowing straight into the room.

A screen should always be at hand to place between the window and the bed or in front of the door to protect the patient from draughts.

Fireplaces are also of service in the question of ventilation, as the draught of the fire will help the air to circulate, and, apart from this advantage, a bright, sparkling fire is wonderfully cheery and comforting to the patient.

Every morning before breakfast and each night when the patient is ready for sleep, open the window for a few seconds and let in a reviving breath of "God's out-of-doors." The patient may be covered with an extra blanket and a shawl wrapped around the head, not removing these coverings until the room has regained its usual temperature.

Freshening the air of the room in this way just before each meal will stimulate the patient's appetite, as it is impossible to feel hungry in a close, heavy atmosphere, and when the window is opened before sleeping, the cool evening air will soothe the nerves and promote sleep.

If you could persuade your patient to take at least half a dozen long, deep breaths whenever the window is open, you will be surprised at the bracing effect it will have on the whole system.

Some means must be devised to have proper ventilation during the night. Far better to sleep under half-a-dozen blankets, if necessary,

and have the window open, than to toss about in a close room breathing the same air over and over again. One or two inches at the top of the window will give the desired freshness, and the bed may be surrounded by a screen, or the air let in through a window in the adjoining room.

Should the patient suffer from insomnia, nothing—with the exception of narcotics—will prove of so much service as a cool, airy sleeping-room. I have always noticed that on the rare occasions when sleep will not come at my bidding it has been because my room did not have a good circulation of air, and as soon as I have taken the trouble to get out of bed and open the window I have been rewarded by a quiet, refreshing sleep.

When nursing infectious diseases, good ventilation should be arranged for as being of almost more importance than anything else. It will help to reduce the temperature, soothe the patient, prevent the peculiar odor which accompanies some diseases from permeating the room, and it is a positive and most valuable aid in disinfection.

(To be continued.)

NEW YEAR'S EVE

BY WILFREDA BROCKWAY
St. Luke's Alumna, Chicago

COLD and silent lies the earth,
Waiting for the New Year's birth,
And the Old Year, breathing slow,
Lingers, watching, loath to go.

Sad the old man stands and sighs,
For when morning lights the skies,
Ended then will be his reign,
Ended all his joy and pain.

Did the Old Year bring us sighs,
Let him take them ere he dies,
Lock them safely in the past,
Let oblivion hold them fast.

We will greet the glad New Year
With our hearts all free from fear;
Faith—the welcome in our eyes,
Courage true that never dies.

TYPHOID FEVER

By INEZ C. LORD

Boston City Hospital

GENERAL OUTLINE—PERIOD OF INCUBATION—EARLY SYMPTOMS—EARLY TREATMENT.

TYPHOID FEVER was first clearly recognized as a disease distinct from the other fevers and having a specific cause early in the nineteenth century. It is the great fever of the present time. It is found in all countries, is endemic, and often epidemic. It has been given various names, but enteric fever, being suggestive of the local lesions, is the best of all terms for it.

It may occur at any time of the year, but is most common in the autumn months. It is an acute infectious disease, the infection being due to a micro-organism, which is called the bacillus typhosus, or Eberth bacillus. This germ is always derived from a previous case of typhoid fever.

The intestinal discharges are the primary source of infection. The bacilli are introduced most frequently through the medium of water, milk, and vegetables. Water contaminated by defective sewerage has been found to be the frequent cause of epidemics of typhoid. In one outbreak, the source was directly proved to be an ovser-bed over which flowed the drainage from a house in which there had for some time been a typhoid patient. The bacillus may also be transferred through the air or by personal contact, as in the case of nurses or attendants. When cleanliness is enforced, however, in regard to the patient and all articles used in the sick-room, and also the immediate and efficient disinfection and proper disposal of all excreta, infection seldom takes place. For this reason hospitals with safety admit patients to the general wards.

Etiology is important in this disease, for the source of infection can be determined in a large proportion of cases, and earnest effort may prevent infection of many others.

Predisposing causes play a smaller part in typhoid fever than in many other diseases. It is common in young adults, and frequently such, in vigorous health, are rapidly infected and have a severe form.

The seat of the disease is the small intestine, in the lower part of the ileum near the ileocaecal valve. It consists essentially in inflammation and ulceration of the Peyer's patches and the solitary glands. During the first week of the disease there is swelling and thickening of these glands, followed during the second and third weeks by ulcerations tending to perforate, and in the fourth week by healing of the ulcers.

Thus the stages of the disease correspond somewhat to the weeks in the normal course of the fever.

Since in typhoid fever so much depends upon careful nursing,—to a greater extent, it is said, even than in any other disease,—an intelligent understanding of the nature and progress of the fever will assist the nurse in following the necessary precautions, and she will be prepared for the symptoms and complications that may occur in the several stages.

Although the primary lesions are in the intestines, other forms are said to occur, and the typhoid bacillus may act as a pyogenic organism, or one may have pneumonia due to the typhoid bacillus in the lungs, but this is not typhoid fever, which is an intestinal disease, with lesions in the intestines and involvement of the spleen and mesenteric glands. The constitutional reaction is a general septicæmia.

The onset, or period of incubation, varies. In something over fifty per cent. of the cases it is so-called "typical," that is, insidious, with general malaise, lasting from a few days to two weeks. Not infrequently the early development produces no subjective symptoms, and "walking typhoid" is not uncommon. The onset is sometimes fairly sudden, with nausea, vomiting, and diarrhœa, and may be with severe headache only. In rare instances typhoid fever begins abruptly with a chill.

The symptoms of the first week may vary, but in general there is increasing weakness and anorexia. Headache is common and may be very severe. The fever is frequently high. A characteristic point about the temperature is a gradual rise, it being higher each evening than on the previous evening, and the daily drop in the morning becoming less and less until the maximum is reached of 102° to 103° F. in the morning and 103° to 105° F. in the afternoon, which frequently occurs during the first week.

Constipation is characteristic of some cases, but diarrhœa is most common, the intestinal discharges having a characteristic pea-soup appearance not easily mistaken. Epistaxis often occurs as an early symptom. Cough and bronchitis are present early in most cases, varying in amount.

The tongue is moist, red at the tip and edges, with a white coat in the centre. Even in the first week it sometimes becomes dry, brown, and cracked, and, like the teeth and lips, covered with sordes. Abdominal symptoms, as a rule, are not marked during the first week. Some cases have a little pain and distention. Delirium may appear early in the disease, especially in cases where headache is an early or severe symptom.

The characteristic eruption of rose-spots, an enlarged spleen, and a

positive "Widal test" are put down as symptoms of the second week, but some patients have the rose-spots and spleen who have given a definite history of feeling perfectly well up to within four or five days previous. In such cases these must be included as symptoms of the first week. A positive serum reaction is perhaps less common, but sometimes does occur.

Some very rapidly developing cases spoken of as "typhoid septicæmia" quickly show a high temperature, rapid pulse, marked toxic state, and delirium, and die before positive signs develop. In many cases the "typhoid state" or "typhoid look" is marked. The patient shows great muscular weakness, is stupid or apathetic, lying on the back with a tendency to sink down in bed.

"The object of treatment" in typhoid fever, as summed up by Dr. Wilson in his "Fever Nursing," is "to place the patient under the best possible hygienic conditions, to guard him against all unfavorable influences, to sustain him by proper nourishment, to combat symptoms as they arise, and, finally, to see that he does not become a centre from which the disease may spread." Perfect rest and quiet, careful feeding, cleanliness, prevention of bed-sores, reduction of temperature when necessary, good ventilation, and the frequent use of disinfectants are some of the essentials in the care of the disease.

The giving of nourishment regularly, in sufficient quantity and of a suitable kind, is of the greatest importance to the patient. Although physicians differ in regard to the diet to be allowed typhoid patients, it is generally agreed that a liquid diet comprising chiefly milk and beef-tea is most suitable, since this is most nourishing, most easily digested, and is least irritating to the intestines, and the rule is usually followed that no solid food shall be given until the temperature has been normal for a week. At first about three pints of milk and a pint of beef-tea is as much as can be taken in the twenty-four hours. It is better to give these alternately, about four ounces at a time, at intervals of two hours during the day, and of three or four during the night. The quantity to be given at a time and the intervals of feeding often have to be governed by the discretion of the nurse, influenced by the patient's condition, but always conforming to the doctor's directions. Lime-water or siphon soda may be added to the milk, or the milk or beef-tea may be peptonized if not well digested.

Thirst may be relieved by crushed ice and lemonade. Plenty of water should also be given to drink, not only for thirst, but to aid in the elimination of the added waste material caused by the fever.

Great care should be taken to keep the patient's mouth and tongue

thoroughly cleansed, so that he may be more comfortable and digestion may not be retarded.

The patient must be kept in the recumbent position, but not on the back all the time, since this promotes bed-sores and is conducive to hypostatic pneumonia. The position should be changed systematically at every time of feeding.

The skin must be protected by bathing with alcohol and kept dry by using powder. Pressure must be removed when necessary.

Hydrotherapy is especially useful in typhoid fever, and, after diet and rest, most frequently enters into the treatment of the first week. Baths are usually given every four hours, when the temperature reaches 102.5° F. or over. Sponge-baths are thought to be the best. Fan-baths are useful. Tub-baths involve the added shock of moving the patient, and are used less than formerly. A bath not only reduces the temperature, but also serves as a heart stimulant and a brain sedative. Dr. Osler in the last edition of his book mentions that half a dram of guaiacol painted on the thigh will serve to reduce temperature, and may be tried occasionally instead of a bath.

Constipation is usually treated by small enemas of strong, warm soapsuds, repeated every other day if necessary. Large enemas should not be given, since they increase peristalsis, which must be avoided on account of the weakened condition of the intestinal wall. Excessive diarrhoea, especially if causing exhaustion, is controlled by first regulating the diet, avoiding beef-tea, and further, if necessary, by enemas of starch and opium.

Retention of urine, cough, character of expectoration, pain in the ear, or deafness are symptoms to be looked for in the nursing care and faithfully reported.

The virulence of the intestinal discharges in typhoid fever must be constantly borne in mind, and in every case the greatest care should be taken for their proper disinfection, with strict observance of all the details of cleanliness and the careful sterilization of all articles which are soiled by the patient. Chloride of lime is the best disinfectant for excreta. It is commonly used in a solution 1 to 32. Dry, freshly slaked lime and milk of lime are also good, and are sometimes more easily obtained. Milk of lime is made by dissolving one quart of dry, freshly slaked lime in four or five quarts of water. Corrosive sublimate is rendered futile as a disinfectant for typhoid excreta on account of the albumen which they contain.

The urine should receive as careful attention as the intestinal discharges, since it is said that in one-third of the cases the typhoid bacillus can be found in the urine and remains present for a longer time.

Soiled clothing should be first treated with a disinfectant and then boiled before being washed.

Especial care must be taken in regard to disinfection if the patient is in the country, where plumbing and other sanitary arrangements are not the best.

COURSE OF STUDY FOR NURSES' TRAINING-SCHOOL

By SUSAN S. FISHER

(Graduate of New Haven Training-School, New Haven, Conn.)

AND

ELIZA C. GLENN

(Graduate of Illinois Training-School, Chicago, Ill.)

Pupils of the Class in Hospital Economics, Teacher's College, Columbia University,
New York

In making out this course of study, the plan has been to make the freshman period preparatory, the nurses to go into the wards at the beginning of the sophomore period if they are to be retained in the school. The pupils in the training-school number twenty-five, six to be taken in October 1 and April 1 each year. The spring class to have the regular six-months' work (from April to October) and thus be ready October 1 to go on with the work as planned for the junior year, making a class of twelve for graduation.

OFFICERS TO BE:

Superintendent of training-school, assistant superintendent, clinical nurse, instructor in dietetics.

INSTRUCTORS.

Dietetics, instructor in dietetics; massage, a masseuse; bacteriology, surgeon; materia medica, physician; surgical and gynæcological nursing, superintendent of training-school or clinical nurse; physiology and anatomy, medical nursing, obstetrical nursing, nursing in diseases of the eye, ear, nose, and throat, urinary analysis, superintendent of training-school or assistant. Lectures to be given by physicians and surgeons.

EXAMINATIONS (GIVEN BY INSTRUCTORS).

At the end of the freshman period, three: dietetics, bacteriology, practical work.

At the end of the sophomore period, one: physiology and anatomy.

At the end of the junior period, six: medical nursing, including

care of contagious and nervous diseases; surgical and gynæcological nursing; obstetrical nursing, to include care of infant; nursing in diseases of the eye, ear, nose, and throat; materia medica; urinary analysis.

At the end of the senior period, none.

Markings will indicate standing in theoretical and practical work as well as in general conduct: A, excellent; B, good; C, fair; D, poor; F, failure.

A public practice demonstration to be given annually by six members of the graduating class having the highest standing.

In outlining this work, it has not seemed wise to arrange time for gymnasium exercises, but as it could be brought about this work would be introduced.

FRESHMAN PERIOD.

Course of Lectures for 1902-1903.

Tuesdays and Thursdays, three to four P.M.

October 7.—Bacteria: their presence in air, water, milk, etc.; structure and various forms; reproduction; influence of external conditions upon growth.

October 9.—Yeasts: moulds and fermentation.

October 14.—Methods of sterilization; natural and artificial purification of water.

October 16.—Food principles, beverages.

October 21.—Proteids: eggs, etc.

October 23.—Milk: pasteurization, sterilization, preparation of baby food.

October 28.—Custards.

October 30.—Broths.

November 4.—Meats and fish.

November 6.—Dishes made with gelatine.

November 11.—Ice-cream.

November 13.—Starch: structure, food value, cooking of it.

November 18.—Gruels and fruits.

November 20.—Cereals.

November 25.—Vegetables.

BACTERIOLOGY.

Tuesdays and Thursdays, three to four P.M.

November 28.—Bacteriology as relating to hygiene in health and disease.

December 2.—Bacteriology as relating to sanitation and ventilation, disinfection of rooms, clothing, excreta, etc.

December 4.—Immunity, natural and acquired.

December 8 and 9.—Vaccination, antitoxins, etc.

December 11 and 16.—Bacteriology as related to surgical work, including the making of cultures.

FRESHMAN PERIOD.

Practical Demonstrations.

Tuesdays and Thursdays, ten to eleven A.M.

October 7, 9, 14, 16, 21, 23, 28, and 30.—Bed-making, care of bed and bedding, care of soiled linen, mechanical appliances for medical and surgical bed patients.

November 4, 6, 11, 13, and 18.—Antiseptics, making of solutions, making of bandages, surgical and obstetrical supplies, sterilization.

November 20, 25, and 27.—Care of hospital property: bath-room utensils, air- and water-beds, rubber and glass appliances, instruments, hypodermics, thermometer, etc. Time allowed for three reviews and two examinations.

Physiology and Anatomy.

Tuesdays and Thursdays, ten to eleven A.M.

December 2.—General structure of body, its tissues and organs. Broad general view of evolution of man and embryology.

December 4.—Different kinds of tissue. Adaptation to function. Introduce nervous system sufficiently to show its intimate relation to all bodily functions.

December 9.—Comparative work with structure of epithelial, muscular, and connective tissues; distribution of each.

December 11.—Compare function of epithelial, muscular, and connective tissues,—their relation to each other and to the body as a whole.

SOPHOMORE PERIOD.

Physiology and Anatomy.

Class Work: Tuesdays and Thursdays, two to four P.M.

December 18.—The skeleton: its relation to softer tissues; classification of bones; bones of extremities.

December 23.—Bones of trunk and head; changes in at different periods of life.

December 26.—Review quiz.

December 30.—The joints: show adaptation of structure to function by study of structures entering into formation of joint.

January 2.—Muscles—function: adaptation to function shown by characteristics of tissue, shape, size, distribution, and mode of attachment to skeleton; relation to proximal tissue.

January 7.—Muscles: characteristic muscles, study in groups, ex-

pression, mastication, respiration, flexors, extensors, supinators, pronators, adductors, abductors, muscles of back and abdomen.

January 9.—Review quiz.

January 14.—The vascular system: comparative study of blood and lymph; composition, characteristics, function; distributing apparatus for blood and lymph; adaptation to function.

January 16.—Heart, arteries, veins, capillaries, and lymphatics; structure and function; (comparative work) relation to each other.

January 21.—Arterial distribution; venous return; locate chief vessels.

January 23.—Comparative study of adult and fetal circulation, arterial pressure, pulse.

January 28.—Lymphatic glands; review vascular system, emphasizing relation of blood and lymphatic systems to each other.

January 30.—Respiration: what it is and why necessary; apparatus for accomplishing; results and hygiene of respiration.

February 4 and 6.—Nervous system: show close relation of sympathetic and cerebrospinal systems, and coordinating power of nervous system; adaptation of man to his environment by means of nervous apparatus; development of, with growth of body; hygiene of; sufficient study of structure to make these points intelligible.

February 11.—Secreting glands and mucous membranes: essentials of secreting glands; show large blood supply, and influence of nervous system on secretion.

February 13.—The digestive apparatus: alimentary canal; function and structure; accessory organs; function and structure and relation to digestion.

February 18.—Digestion and absorption: digestive juices and their action on foods; relation of nervous system to digestion; hygiene of digestive organs.

February 20.—Review quiz.

February 25.—Elimination: function and structure of urinary apparatus; relation of elimination to other functions of the body; influence of nervous system and large blood supply.

February 27.—Characteristics of normal urine illustrated with practical tests.

March 4.—Skin, nails, and hair: function of skin; a controlling factor in regulating body heat; show necessity of hygiene on basis of structure.

March 6.—Ear, nose, and throat: function and structure; relation to each other; hygiene.

March 11.—The eye: adaptation of structure to function; show

how it, together with all sense organs, are channels for communication with the nervous system.

March 13 and 18.—Reproductive system and mammary glands: sufficient comparative study to show relation of male to female organs; structure and general arrangement; relation to pelvis and contained viscera, particularly the urinary apparatus; evolution and adaptation to function; physiology and hygiene of; menstruation and pregnancy.

March 20, 25, 27.—Three periods for review and quiz.

JUNIOR PERIOD.

Course of Lectures for 1902-1903.

Ethics frequently as needs indicate.

Surgical Lectures.

Tuesdays and Thursdays, eight to nine P.M.

October 3.—Principles of modern surgery.

October 10.—Care of patient before, during, and after operation.

October 17.—Administration of anæsthetics, with demonstration.

October 24.—Surgical emergencies, treatment in such cases.

October 31.—Surgical emergencies, treatment in such cases.

November 7.—Wound healing.

November 14.—Wound accidents, inflammation, suppuration, erysipelas, etc.

November 21.—Surgical diseases, tumors, etc.

Gynæcological Lectures.

Tuesdays and Thursdays, eight to nine P.M.

November 28.—Diseases of the organs of generation.

December 5.—Diseases of the organs of generation.

December 17.—Diseases of the organs of generation.

December 19.—Preparation of patient for examination and operation.

December 26.—Care of patient after operation.

Contagious Diseases.

January 3.—Contagious diseases.

January 10.—Nursing in contagious diseases.

January 17.—Isolation, disinfection; when necessary, how to disinfect in private house.

Medical Lectures.

Tuesdays and Thursdays, eight to nine P.M.

January 24.—General class of patients; what and how to observe and record accurately.

January 31.—Nursing in typhoid; correct way to give sponge and tub baths; reasons for method adopted.

February 7.—Diseases of digestive organs, care of

February 14.—Diseases of digestive organs, care of.

February 21.—Diseases of circulatory organs, care of.

February 28.—Diseases of respiratory organs, care of.

March 7.—Diseases of urinary organs, care of.

Obstetrics.

March 14. — Pregnancy: the signs, the organs concerned, and changes which they undergo.

March 21.—The diseases and emergencies of pregnancy.

March 28.—The care of the pregnant woman, including diet, exercise, etc.

April 4.—Labor: causes and signs, stages.

April 11.—Presentations and positions of the child; emergencies of labor.

April 18.—Puerperal period, management of the woman, dangers of the period.

Nursing of Children.

April 25.—Condition and care of newborn infant; dieting in infancy and childhood in health.

May 2.—The diet of the infant and young child in illness; general care of young child in health and disease.

May 9.—Bathing, irrigating stomach and bowels, gavage, etc.

May 16.—Nursing in measles, scarlet fever, and other exanthematous diseases.

Nervous System.

May 23.—The nervous system in health; the nervous system in disease.

May 30.—The general care of the nervous and insane.

The Eye, Ear, Nose, and Throat.

June 6.—The care of the eye in health and disease; the care of the ear, nose, and throat in health and disease.

JUNIOR PERIOD.

Materia Medica.

Class Work: Tuesdays and Thursdays, ten to eleven A.M.

October 1.—Introduction.

October 8.—Methods of administration of medicine.

October 15.—Anodynes; special attention to opium.

October 22.—Hypnotics.

October 29.—Cathartics.
 November 5.—Cathartics.
 November 12.—Antipyretics.
 November 19.—Alcohol.
 November 26.—Nervines.
 December 3.—Diuretics and diaphoretics.
 December 10.—Heart stimulants and heart depressants.
 December 17.—Emetics.
 December 24.—Tonics.
 December 31.—Acids.
 January 2.—Oils.
 January 8.—Astringents.
 January 15.—Digestants.
 January 22, 29, and February 5.—Review and quiz.

JUNIOR PERIOD.

Nursing.

Class Work: Friday, three to four P.M.

October 3.—Preparation of patients for operations (capital and minor).
 October 10.—Care of patients after operation.
 October 17.—Wounds: varieties of and methods of healing.
 October 24.—Hemorrhage, shock.
 October 31.—Fractures, dislocations, and sprains.
 November 7.—Burns and scalds, frost-bites, contusions, etc.
 November 14.—Surgical operating-room technique.
 November 21.—Preparation for operation in private houses.
 November 28.—Gynæcological nursing.
 December 5.—Gynæcological nursing.
 December 12.—Complicating diseases of surgical cases: septicæmia, pyæmia, erysipelas, tetanus, cellulitis.
 December 19.—Local applications: hot and cold; moist and dry.
 December 26.—Counter-irritants.
 January 3.—General care of contagious and infectious diseases.
 January 10.—Pulmonary tuberculosis, diphtheria, smallpox.
 January 17.—Dysentery, malaria, etc.
 January 24.—Nursing in febrile diseases.
 January 31.—Nursing in typhoid fever.
 February 7.—Nursing in diseases of the alimentary tract: indigestion, gastritis, ulcers, colitis.
 February 12.—Nursing of convalescents.
 February 14.—Diseases of the urinary system: Bright's, uræmia, cystitis.

February 21.—Medical emergencies: artificial respiration, drowning, mechanical appliances, lavage, poisoning.

February 26.—Alcohol, opium, and allied habits.

February 28.—Termination of disease.

March 5.—Obstetrics: review anatomy and physiology of generative organs.

March 7.—Pregnancy: symptoms and physical signs; obstetrical terms and definitions.

March 12.—Development of the foetus, abortion, miscarriage, premature labor.

March 14.—Care of patient before and during labor.

March 19.—Care of patient after labor; care of the breasts.

March 21.—Care of the child.

March 26.—Infant feeding.

March 28.—Nursing in nervous diseases: neuralgia, meningitis, neurasthenia, hysteria, chorea, epilepsy.

April 2.—Rest-cure and daily routine.

April 4.—Diseases peculiar to children; disorders of the alimentary canal.

April 9.—Infantile paralysis, croup, convulsions, rickets, mumps, whooping-cough, etc.

April 11.—Urine in health and disease.

April 16, 18, and 23.—Elementary urinalysis.

April 25.—Nursing in diseases of the eye.

April 30.—Nursing in diseases of the ear, nose, and throat.

May 2, 7, 9, 14, 16, 21, 23, 28, 30, and June 4.—Massage.

Review quiz.

SENIOR PERIOD.

History of hospitals and nursing.

Hospital economics.

Ethics of nursing, private duty.

District nursing, settlement work.

Public hygiene.

Building regulations.

Water, drainage, garbage.

Meat and milk supplies.

Quarantine and burial regulations.

This covers the third year's work. So far as practical and possible, would arrange for excursions and outside speakers. Each nurse to write a paper, choosing her topic from suggested subjects for third year's work.

This paper will stand for third year's examinations.

BOOK REVIEWS



A PAMPHLET of fifty pages has been published by a German Red Cross sister, Schwester Clementine von Wallmenich, of Munich, in which she discusses the position of the superintendent of nurses in modern hospitals and the limitations of a nurse's work in caring for male patients. Miss Krüger, a graduate of the German Hospital, has translated these articles, from the latter of which we take the following abstract:

"The subject of the nursing of men by women nurses is one that every woman will hesitate to approach, but I force myself to deal with this question because I consider it wrong to judge of a matter in which women's sensibilities play so important a part without hearing women's views on the subject.

"At present we have (in Germany) a strong public movement against the nursing of men by women, it being claimed that it is immoral.

"I do not agree with this position, taken so broadly, but acknowledge its truth in some cases.

"In large cities we do find some immoral nursing of men by women, partly because done in the wrong spirit and by the wrong people. It should be impersonal service, such as the religious orders gave, and as it presents temptations which not all women can withstand, no woman working independently should take such work, but the nurse should belong to some association, even if of a purely worldly character, through which she may be guided and supervised.

"These associations should have the recognition and supervision of the State, as hospitals have at present, and the nurse ought to wear a uniform legally recognized and protected.

"The religious sisters of the Middle Ages were held high above all personal relations. As the religious idea weakened, this high conception of the profession of 'sister' or 'nurse' also weakened, until among the unorganized independent nurses of to-day there is not an atom of this spirit to be found, and it is this fact that gives the key to the present deplorable condition. Not the nursing of men is immoral, but the way in which it is undertaken.

"Not all nurses to-day can become nuns, but every woman who wishes to become a nurse should enter the profession with a high idea of its sacredness.

"It is a mistake to think it enough to instruct nurses in technical matters, and leave out the moral part. To-day the development of the intellect is more thought of than the upbuilding of moral strength: the former may be taught by books, the latter only by example. Therefore nurses should form associations, in which good example may help them to become stronger and nobler women. The nature of nursing work is such that it requires strong, healthy, young women, and therefore there are many temptations connected with it.

"We hear it suggested that the nursing of men should only be done by religious sisters or by men, but neither of these suggestions are timely or practical. Of religious sisters there are not nearly enough to cover the ground, and as to men, everyone acquainted with hospital life knows that there are very few good male nurses. It is rarely the very best element among men who be-

come nurses, although an occasional one may have all the qualities needed for a good nurse.

"A good woman may approach anything necessary in the care of the sick without self-consciousness, and, as far as the patient is concerned, it is of inestimable value to him in time of illness to have the tender, gentle care of a woman.

"To sum up: it is right and proper for a woman nurse to care for men patients, but she should be a member of an association supervised by the State; her uniform should be protected; she should have had an education given her by a conscientious and high-minded superior, and an examination and diploma given her by the State."



DRUGS EXCRETED BY THE MILK.—The *Journal of the American Medical Association* says the following is a list of drugs which are excreted by the milk and which, consequently, affect the infant: Sulphur, rhubarb, senna, jalap, indigo, arsenic, bismuth, iron, mercury, potassium iodide, zinc iodine, antimony, opium, oil of anise, oil of dill, garlic, castor-oil, lead, oil of turpentine, oil of copaiba, all volatile oils, magnesium sulphate, carbolic acid, quinine, and cascara sagrada. The elimination of these drugs by the milk is more liable to take place when the mother is in a disturbed condition physically and when the mammary glands are not in a normal condition. Consequently care must be observed in prescribing some of these preparations for the mother. For example, copaiba and turpentine will so affect the taste of the milk as to cause the infant to refuse the breast. Diarrhœa may be produced in the infant by administering castor-oil or other of the above purgatives to the mother, and the opium preparations will produce the opposite effect on the child through the mother's milk. It is said that sufficient action may be produced on the child by administering mercury, arsenic, and potassium iodide to the mother.

THE USE OF ALKALIES IN RELIEVING PAIN.—Lauder Brunton in the *British Medical Journal* calls attention to the fact that the presence of acid in a carious tooth is a most potent cause of toothache. Dyce Duckworth has shown how toothache may be stopped as if by magic by putting into the cavity a little cotton dipped in sodium bicarbonate, thus neutralizing the acidity. It may be mixed with laudanum or cocaine or both, or it may be used alone. When pain is felt in all the teeth, it often depends upon irritation of the roots of the teeth, just at the edge of the gums, by acid fluid in the mouth. This pain may be generally relieved by rubbing a little sodium bicarbonate along the edge of the gums; or by rinsing the mouth with a solution of sodium bicarbonate. The strength is not important. A teaspoonful to half a tumbler of water answers well. The writer then speaks of his own experiences with boils. These were very painful, and he took sodium bicarbonate by mouth with benefit. Later he applied a solution to the boils themselves with the most satisfactory results. He speaks of the more extended use of alkalies in neuralgia. The relief in these cases after taking food not unlikely depends more on the secretion of acid in the stomach and consequent increase in the alkalinity of the blood than on any change in the circulation. In this case the free use of sodium bicarbonate and potassium bicarbonate in such cases may help to give relief.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



POSTOPERATIVE ABDOMINAL CASES.—Dr. George P. Müller in an article in the *Philadelphia Medical Journal* makes some good suggestions on the treatment of abdominal cases after operation. He says: "We do not as a rule allow any water to be given for eighteen hours, or longer if nausea persists. For thirst, often intolerable, moisten the lips frequently and rinse the mouth with water to which lemon-juice has been added.

"To one who has experienced backache no effort is too great to relieve another suffering from it. The hand of the nurse, a folded towel, a small pillow, very hot water-bags, or a cold water-bag, in some cases may be tried; the relief comes usually only from change of position.

"If the passage of flatus causes pain, a rectal tube is inserted, or a small, hard-rubber nozzle from a fountain syringe. If none has been passed after eighteen hours, an enema of milk of asafetida may be given diluted with an equal quantity of warm water. The passage of flatus will relieve all colic, and morphia is unnecessary. If the asafetida enema fail, one or two ice-bags are placed on the abdomen and a high enema of turpentine, glycerin, and sulphate of magnesia given in the proportion of one, two, and three. The enema is given with the foot of the bed raised, and when the bowels are about to move the foot of the bed is lowered.

"Twenty-four hours after operation very small quantities of milk and lime-water are given, five or ten cubic centimetres of each, every hour, rapidly increasing the quantity if well borne. On the second day chicken-broth, beef-tea, or junket are given with the milk. On the third day wine jelly and gruel may be given, and from then on the diet is gradually increased, beginning with soft eggs, milk toast, custards, eggnogg, etc.

"Lavage is of great use in controlling nausea and vomiting. The usual rubber tube with bulb and funnel attached is used. A rubber sheet is thrown over the patient and well tucked around the neck. The tube is wet with water, never greased, and introduced into the posterior pharynx, the patient being told to swallow, at the same time the tube is gently pushed backward and enters the œsophagus and in a few seconds the stomach. The patient is asked to open his mouth widely and breathe deeply. The stomach is emptied by siphonage and washed out with a one per cent. solution of salt in warm water. Any medicine needed is then introduced and the tube withdrawn. If there is much choking when the tube is introduced, the end may be sprayed with ethyl chloride. When much pain is felt in the wound, the nurse places both hands firmly on the abdomen, making pressure over the wound and the epigastrium."

Judicious lavage and the avoidance of opium or any of its preparations he states are often followed by recovery, the use of opium being responsible for some fatal results.

TO PREVENT THE LOSS OF HAIR.—Dr. David Walsh recommends in the *Medical Standard* the following lotion: Salicylic acid, three drams; carbolic acid, one dram; castor-oil, three drams; rectified spirits, sufficient to make six ounces. Apply locally once or twice daily.

THE DIET IN TYPHOID FEVER.—William Egbert Robertson, in the *Philadelphia Medical Journal*, gives as the difficulties confronting us in the dietetic management of a typhoid case the exhausting fever and the state of the bowel. Saliva moistens the food, rinses the mouth, dilutes injurious substances, and to some extent neutralizes them. This can be brought about by psychical means alone. If the desire for food can be brought about, and this is more likely when a variety of food is allowed, psychical stimulation will aid in preparing the organs of digestion for the reception of food, and digestion will be more thorough than when merely milk and broths are allowed, for these foods grow very tiresome, and thus psychical stimulation is lacking. As to the bowel lesions, the writer believes that the tendency of the ulceration to slough is favored rather than retarded by the devitalizing influence of insufficient nourishment. The writer then gives various statistics which show that the mortality was less among the well-fed. There was also a striking difference in the physical condition of those discharged. Among the foods allowed by some of those who are not in favor of a liquid diet only are bread, rolls, farinaceous foods, boiled eggs (soft or hard), boiled meat, cutlets, chicken, soups, pudding, jellies, milk, tea, and wine. Although milk is an excellent food, it has a tendency to form curds, and patients often refuse to take it. The writer does not advocate a full diet, but he is convinced that typhoid patients can be given a variety of foods without harm and even with decided advantage, both as to their condition during the attack and as a means of effecting prompt restitution of their physical vigor.

DISINFECTION OF INSTRUMENTS.—In a German medical journal published at Leipsic Gerson corroborates his former assertions as to the efficacy of disinfection of instruments with tincture of soap, citing extensive bacteriologic tests in evidence. He wraps the blades in Bruns's cotton impregnated with tincture of soap. The cotton protects them from the air and the tincture is an efficient disinfectant. The instruments are then ready for use at any moment. After using them he rubs them clean with cotton moistened with the same tincture, then wraps them in a fresh piece and lays them aside. No boiling nor steaming is required and the instruments are not harmed by the process. He recommends this method especially for military and other practice where steam disinfecting appliances are not available. He has found that instruments infected with pus, etc., and not even wiped off after having been used, proved perfectly sterile after a few days in the wet cotton wrapper. No colonies developed when they were rubbed on agar plates or soaked in bouillon.

PAINFUL FEET.—The same journal gives an abstract of an article in the *Presse Medicale*, Paris, on pain in the feet: "Schanz describes the class of patients who complain of pains in the heel, sole, joints, or toes, even of obstinate corns, but examination of the foot reveals nothing abnormal. Such cases are all attributable to flatfoot. The instep may appear normal, when in reality an unusually high instep has been transformed into a very low one and thus be really flatfoot, although it is still within the limits of the normal instep.

There is no typical localization of the pains of flatfoot. Whenever he meets a well-dressed man who clings to old, worn-out shoes as the only ones he can wear with comfort, he is seldom wrong in the diagnosis of flatfoot. Treatment should be that for flatfoot, and he has found a celluloid rounding sole a convenient appliance. It can be molded to the foot when soft and the shape changed at will."

AN ENGAGEMENT OF A NURSE REVOCABLE.—The *New York Medical Journal* says it has recently been decided in an English court that an engagement for a monthly nurse to attend a woman in confinement is revocable. In the case in question the nurse was engaged in May for the month of August, but the engagement was cancelled in June. Suit was brought on the ground that this engagement, having been made for the month of August, precluded the nurse from making any other engagement for that time. A physician under these circumstances can make other engagements, whereas a nurse is precluded from doing this.

PURE UREA IN TREATMENT OF TUBERCULOSIS.—Dr. H. Harper in the *British Medical Journal* gives a table of forty cases of various forms of tuberculosis treated by urea, all of which were greatly benefited and many completely recovered. Only pure urea can be used, beginning with twenty-grain doses and gradually increasing to eighty and a hundred grains, dissolved in peppermint water, three times a day, between meals. Three per cent. of pure urea added to a virulent culture of tubercle bacillus in the incubator not only inhibits growth, but kills the bacillus. In cases of mixed infection calcium sulphide should be given with the urea, the drug being valuable in all cases of staphylococcus infection.

A SERUM FOR WHOOPING-COUGH.—The *Medical Record* says Dr. Loureaux, of Brussels, claims to have prepared an anti-pertussis serum of therapeutic value. He asserts that he has used the serum in a number of cases and has succeeded in cutting the disease short within a week or ten days when the injections were given at an early stage. The first effects are manifest at the end of from thirty-six to forty-eight hours, the paroxysms of coughing being markedly reduced.

REMEDY FOR FETID BREATH.—*La Presse Med. Belge* recommends a lotion for mouth and teeth of bicarbonate of soda, saccharin, and salicylic acid, each one-sixth of a dram, and alcohol five ounces.



HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

ISOLATION INFIRMARY

TUESDAY, November 25, 1902, should be marked with a white stone in the annals of the Orange nurses, for on that day was thrown open the doors of the Isolation Infirmary, which we have desired for so many years. It stands within the grounds of the Training-School, and will receive its service from that management. It is a two-story building, with no interior communication between the two floors, the upper floor being reached from the wide exterior piazza. A ward capable of holding from four to six beds runs the length of the house, a nurse's room opening from it; kitchen, bath-room, waiting, and disinfecting room complete each floor, fully equipped with all the latest appliances. Glass shelves by the door of the wards hold the house linen; the walls are painted pale cream, rounded at floor and ceiling; all the woodwork, gas-fittings, and tiled, open fireplaces are of a pale, restful green, and it goes without saying that everything is arranged with a view to perfect disinfection and aseptic detail. Many kind friends came forward to supply this great need, the nurses themselves raising about one-fourth of the whole amount, which was rather over eight thousand dollars. The graduating exercises formed part of the opening proceedings, and a delightful reception followed. An unobtrusive slip of paper containing the names of twenty doctors who had expressed themselves willing to attend on any nurses contracting contagious diseases called forth many an appreciative exclamation, and while no one wishes to be an occupant of even such an attractive abode, still, we are deeply thankful that there is such a haven of refuge.

Dr. Brannan made an address which called forth applause. Mr. Camillus Kidder, of the Advisory Board, spoke on the details of the work and voiced the sentiments of all concerned when he likened the infirmary to a Mexican pistol—"Ready when wanted,"—but we would rather it was not wanted.

Miss M. Pierson, president of the Training-School, made the opening address and distributed the diplomas to the Class of 1902 and to the previous graduates who had earned the red seal to theirs.

The Alumnae Association have presented a sterilizer of the latest design, which will be at the service of those nursing outside cases.

On Thursday, November 20, the Ross Memorial Hospital, Lindsay, was presented to Victoria County, Ontario, Canada, and declared open to the public. This hospital has been built by Mr. James Ross, of Montreal, as a memorial to his parents, who lived for many years in Lindsay.

After the opening of the hospital by Mrs. Ross and formal presentation of the deed of gift by Mr. Ross to the warden of the county, the building was inspected by the guests, who then proceeded to the assembly-hall of the Collegiate Institute, where they listened to addresses by leading citizens and guests.

A tea was given in honor of Mrs. James Ross by Mrs. Thomas Stewart at her home at four P.M.

The hospital building is as nearly fire-proof as science has yet made it possible for a building to be. The walls are of red brick with rough-dressed stone trimmings. The main building is eighty-six by sixty feet, two stories, with a wing or annex at the east and west ends twenty-eight by thirty-two, one and one-half stories high. The entrance hall has white, hard-finish walls and ceiling, with marble wainscoting and tiled floor; the main corridor into which it opens is also tiled; the stairway is of Tennessee marble.

The medical wards in the east and west annexes are alike in size and furnishings, each containing six beds and other necessary articles, all of the latest and best materials for hospital use. Each of these wards has a sun-parlor for summer use and a convalescents' sitting-room comfortably furnished.

In the main building is the board room for the meetings of the governors of the hospital, the superintendent's office and bed-room, and a small surgical ward for men. The surgical ward for women adjoins the convalescents' room of the women's ward. There is a ward kitchen, nurses' dining-room, store-room, dispensary, and commodious bathrooms with all modern equipments. On the second floor are private rooms and small private wards.

The nurses' sleeping-rooms are in an extension on the second floor. In the basement are situated the kitchen, servants' dining-room and sleeping-rooms, furnace- and coal-rooms, trunk-room, store-room, scullery, refrigerator-room, soiled-linen room, large laundry fitted with steam mangle, drying cabinet, steam washer, etc., and an electric motor which supplies power for operating the laundry machinery.

It is estimated that the building with furnishings cost about eighty thousand dollars. The endowment fund of nearly twenty thousand dollars has been raised by citizens of the county.

The operating-room in the estimation of the medical men is the heart of the institution, and those qualified to judge who have visited it declare that no hospital in Canada can boast of an operating-room so well equipped with the best appliances for aseptic surgery.

Miss Scott, the superintendent, is a graduate of the Toronto General Hospital. Among the guests from out-of-town was Miss M. A. Snively, of Toronto, under whom Miss-Scott was trained.

THE City Hospital at Ithaca, N. Y., not feeling justified in establishing a training-school, has for many years maintained a nursing staff of graduates upon the following lines. This system was inaugurated by Miss A. L. MacGachen, a graduate of the Rochester City Hospital, who is still in charge of the hospital.

This is a small, general hospital, averaging about thirteen patients a day, and as it also has a contagious department and occasional obstetrical cases, it requires nurses familiar with all branches of work, although its work is surgical chiefly. The nurses are graduates of various hospitals. It employs a surplus, in order to meet the demand in the city and surrounding country for private nurses. Those who have been there the longest are given the preference if they would rather do hospital work.

The salary is twenty-five dollars a month the first year to all. Those who do permanent hospital duty get thirty dollars the second year. In the isolated wards the salary is ten dollars extra a month. When on private cases the nurses get one-third of the pay besides their regular salary, making six or seven dollars a week extra.

Two weeks' vacation each year is allowed at full pay. If more is wanted,

and they can be spared, the nurses take extra time at their own expense. The board, lodging, and laundry are furnished by the hospital. They wear the uniform of their own school. When on duty in the general hospital they have the regular twelve-hour routine. They are allowed one hour off each day, three hours off on Sunday, and one-half day off a week, also twenty-four hours off duty for each private case. If any time is lost, it is made up. The night duty is divided among all the nurses. There are usually two nurses on at a time. There is one permanent night nurse. In the isolated wards the nurses have twenty-four hours on duty. The cases are usually light, of measles or scarlet fever among the students. There is seldom more than one patient at a time. The hospital nurses take most of these cases. The older nurses all have single rooms. The nurses are required to give two weeks' notice before severing their connection with the hospital.

During the past year the hospital has treated three hundred and seventy-seven patients, showing four thousand six hundred and seventy-one hospital days. There have been sixteen contagious cases, two births, twenty-seven deaths, and two hundred and sixty-seven operations. The returns from special nursing have nearly paid the salaries of the entire nursing staff.

With the opening of the new tuberculosis wing of the Long Island Hospital the city of Boston has placed itself on record among the first American cities to adopt the isolation system of caring for its citizens suffering from this disease. The new wing, which is really a small hospital in itself, was erected and equipped at a cost of forty thousand dollars, and has accommodations for fifty-one patients. When it was first planned it was intended to take care of patients of both sexes, but the heavy demands of male patients made it necessary to devote the whole building to them. The building is situated back of the general hospital, where there is a fine view of Boston harbor on all sides. Like the general hospital, it is in charge of the pauper institutions department, but at the discretion of the Board of Health others than paupers may be sent to the hospital. The building is equipped throughout with the most modern appliances in use in similar private and State institutions.

TRAINING-SCHOOL NOTES

PROVIDENCE, R. I.—The graduates and members of the Rhode Island Hospital Training-School celebrated the twentieth anniversary of the school on the evening of December 9 in the parlors of the George Ide Chase Home. After a short meeting of the Nurses' Club, the president, Miss Lucy C. Ayers, introduced as the presiding officer Dr. J. M. Peters, superintendent of the hospital, who extended a very hearty welcome to the nurses and visitors. It was hardly necessary to introduce the first speaker, Rev. S. H. Webb, for he has been a frequent visitor to the hospital for thirty-four years, and is well known by all the nurses. Through these many years of duty he has always been the same cheery, genial visitor, who has ever been welcome. Dr. George F. Keene, superintendent of the State Hospital for the Insane, was next introduced. As he was one of the first lecturers to the Training-School, he was able to tell much of its early history, and expressed his interest in its steady progress. Dr. William R. White, a member of the staff, who served as interne in the hospital, gave an account of how the work was conducted before the Training-School was organized, and the tales of the days of 1877 were very interesting, but as we looked back over the intervening years

advancement and progress seemed rapid. It was a great pleasure to every one that Miss Emma L. Stowe, who was superintendent of the school for twelve years, could be present, for no one has worked harder for its best good or watched with greater interest its steady growth. After the speeches a collation was served, and the remainder of the evening spent socially. The guests departed wishing the Training-School and hospital continued prosperity and influence.

THE fourth annual graduating exercises of the Training-School connected with the Kings County Hospital, Brooklyn, N. Y., were held in the chapel on the evening of November 25. The class numbered twenty-one members, and the occasion was of unusual interest. The names of the graduates are: Mary B. Farrell, New York; Alice H. Ashton, New York; Emma Paulson, Sweden; Catharine Cotter, Rhode Island; Florence M. Mastin, New York; Maud M. Leslie, New York; Mabel Craft, New Jersey; Theresa MacDonald, Nova Scotia; Laura A. Guillebaud, New York; Mary Birnie, New Jersey; Roberta E. Gegg, Port Antonio, W. I.; Rebecca Taylor, New York; Helen L. Bailey, Pennsylvania; Annie Murphy, New York; Katherine C. McGroarty, Pennsylvania; Minnie Johnston, New York; Sarah Rehwinkel, Virginia; Minnie Welsh, New York; Myrta Kieler, Michigan; Carrie E. Lawrence, New York; Grace D. Hart, Ohio.

THE Worcester (Mass.) Hahnemann Hospital graduated its first class of nurses on the evening of October 27. The exercises took place in Dean Hall, Woman's Club building. The platform was beautifully decorated with potted plants and cut flowers. The members of the class, led by the matron, Miss Máry Pole Smith, recently of the Buffalo Hahnemann Hospital, marched to their places to music. The address to the graduates was made by Mr. Roger F. Upham, the diplomas were given by Dr. J. K. Warren, president of the Hospital Association. Dr. Lamson Allen presented the pins in a few well-chosen words. The pins are unique in design, a nurse's cap in white enamel outlined in gold, and W. H. H. in blue enamel across the crown.

The graduates are Fannie J. Hynes, Amy L. Dalrymple, and Myra L. Dykeman.

DR. EUGENIA HURD has accepted the position as principal of the Training-School at the Methodist Episcopal Hospital in Brooklyn, N. Y. Dr. Hurd graduated from the New York Hospital Training-School in 1882, was supervisor at the New England Hospital in Boston for several years, then held the position of superintendent of the Children's Hospital in San Francisco for several years, after which she studied medicine, and after graduating practised in California for some time. Last year she took a post-graduate course at the New York Hospital, so that she comes to her new position well fitted for it in every way, and her many friends are very pleased to welcome her to the East once more.

THE nurses of the Hartford (Conn.) Hospital recently gave a fair in the Nurses' Home from which they realized something like six hundred dollars. There were the usual articles to be found at an entertainment of this kind, a large table of surgeons' supplies, a Japanese tea-table, flowers, candy, fancy and useful articles, with works of art and bric-a-brac. Supper was served from six to eight o'clock. The entire affair was managed by the nurses, and the proceeds are to be devoted to the Training-School library.

MISS HARRIET E. WILDEY, who has been assistant superintendent at the Muhlenberg Hospital, Plainfield, N. J., has accepted the position of superintendent in place of Miss Young, who resigned to go as assistant to the New York Hospital. Miss Ida B. Venner has accepted the position of assistant to Miss Wildey and is a graduate of the same school, the Smith Infirmary, Staten Island.

MISS GEORGIANA POPE, of Ottawa, nursing sister, has been awarded the honor of the Royal Red Cross Order for services in South Africa during the late war. Miss Pope is a Bellevue graduate, and was at one time superintendent of the Columbia Hospital in Washington, D. C.

MISS BESSIE J. BISHOP, graduate of the New York Post-Graduate Hospital Training-School for Nurses, Class of 1897, having taken the post-graduate course at the Boston Insane Hospital, has been retained to fill a new position in that institution,—viz., that of night head nurse.

MISS FLORENCE A. BISHOP, directress of nurses at the Medico-Chirurgical Hospital of Philadelphia, and her assistant, Miss Grace Peck Haskell, have resigned.

MISS A. T. MACCRAIG, for two years head nurse at St. Christopher's Hospital, Norfolk, Va., is taking a much needed rest at her home, at Ottawa, Canada.



PROFESSOR FELIX ADLER ON "JUSTICE" AND "CHARITY."—"Be just," he says, "is equivalent to—Do not hinder the development of any of thy fellow-men. Be charitable is equivalent to—Assist the development of thy fellow-men. The retroactive effects of true charity are most beneficial. In the first place, a reaction will take place in the direction of greater simplicity in our own lives. A person cannot be seriously and deeply interested in the condition of the poor, cannot truly realize the hardships which they suffer, without being moved to cut off superfluous expenditure. Secondly, true charity will teach us to enter into the problems of others, often so unlike our own; to put ourselves in their places; to consider how we should act in their circumstances; to fight their battles for them; and by this means our moral experience will be enlarged, and from being one, we become, as it were, many men. True charity will also draw closer the bond of fellowship between the poor and us, for we shall often discover virtues in them which we do not possess ourselves, and sometimes, at least, we shall have occasion to look with a kind of awe to those whom we are aiding."

THE Massachusetts Association of Boards of Healths at its quarterly meeting, held in Brookline recently, elected three women members,—Mrs. Ellen H. Richards, instructor at the Massachusetts Institute of Technology, the author of several books, and well known for her scientific work; Dr. Mary F. Holmes, resident physician at the Worcester Contagious Hospital; and Dr. Agnes C. Vietor, who has done much special work for the prevention of tuberculosis. This innovation, which certainly has reason and common sense to recommend it, is due to the initiative and active efforts of Dr. H. Lincoln Chase, of Brookline.

THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



SYMPOSIUM

HOW EFFECTIVE IS THE GUILD OF ST. BARNABAS? HOW CAN ITS PURPOSE BE MADE MORE SO? *

FROM a brief and limited personal acquaintance with the Guild of St. Barnabas, the writer has become convinced that it is an organization which is instinct with much usefulness to the great profession of nursing. Though coming in more or less competition of a friendly nature with the various training-schools for nurses in many of our cities, and though sometimes unable to compete in the scope of the programmes and in the variety of the social features provided by these alumnae associations, the Guild of St. Barnabas nevertheless possesses one chief characteristic which alone should insure its permanence and growth, namely, the religious atmosphere made possible by its manual, its rules, its services, and its general relationships. The religion of the sick-room is very much in evidence at present, and its importance is manifest not only by the careful, sane, and reverent principles found in the Book of Common Prayer, and therefore in the manual of the guild, but also by the manifold and widest-read vagaries of fanaticism and pantheistic neology, which, in the assumed name of Christ, have pretended to do so much good, and are actually doing so much harm, to those in sickness to-day. We would not be such sufferers from the crudities and covert blasphemers of Mrs. Eddy's cult and Mr. Dowie's following and all the rest if the spiritual atmosphere of the Guild of St. Barnabas were disseminated all through the numerous departments of the great medical profession. This is, to the writer's mind, the one supreme distinction of this admirable guild. So far as the other features of its work are concerned, namely, the educative, recreative, and social characteristics of its meetings, these are so largely controlled by the personal factors interested in any given branch that a generalization is uncalled for. A faithful chaplain, an able and thoughtful lay-secretary, an interested, wide-awake set of associates, these, with all the coöperation which the irregular time (tables) of the nurses themselves may make possible, will usually insure a series of valuable as well as entertaining meetings which will bring closer together the nurses and the laity who are interested in them and their noble work.

JOHN HENRY HOPKINS,

Chaplain of Epiphany Branch, Chicago.

IN answer to the question, "How effective is the organization known as St. Barnabas Guild? How can we make it more so?" I have no wish to sermonize, but it seems to me one may as well ask, "How effective is the church?" I feel we are all too anxious in every organization to do something big and great, not giving credit to the small and quiet good resulting day after day. St.

* Read at the Annual Council.

Barnabas Guild unites in one common spiritual and social bond nearly three thousand trained nurses in America. When it has alone done this, I think there can be no need to take means to make it *more* effective. The real outward success of this guild, after all, depends, more than in any other society of its kind, upon the interest of the associate members, and not of the nurses. The members, as dozens will attest, find comfort and satisfaction in belonging to the guild, and the words of a visiting nurse in reference to this is sufficient to demonstrate the point: "My work is of such a nature that attendance upon church service is not always possible, and I find much for congratulation that I belong to the large army of nurses who may be allowed the privileges of this guild. I carry my manual in my satchel, and in going from case to case find comfort reading it." Perhaps individual guilds now and then need waking up, because associates and lay people have grown lukewarm. I say associates, for while the guild belongs to nurses, the real success and interest must be kept up by the women who voluntarily pledge themselves to be of service in this way. The nurses themselves are overtaxed with their responsible calling, and this guild through its priests and lay members should furnish such spiritual need and social relaxation as each separate society may demand.

HARRIET FULMER,
Grace Church Branch, Chicago.

BOSTON BRANCH.—This branch of the Guild of St. Barnabas held its regular monthly meeting at St. Stephen's Church on Wednesday evening, November 26. Our old secretary, Miss Eaton, has been obliged to resign, to our great regret, owing to the pressure of her duties in the missionary work she has undertaken in the South End of the city. We cordially welcomed our new secretary-elect, Miss Mary Sargent. A committee, with Miss Sargent as chairman, was appointed to make arrangements for our Christmas-tree, which will be held on New Year's Eve at St. Stephen's.

At our service our chaplain urged us all to keep our Thanksgiving Day earnestly, and not to let it pass without each one trying to make the day happy for someone else.

Though only sixteen members were present, the meeting was full of the enthusiasm that always belongs to the Boston Branch.

We are sorry to announce that Miss Alice Hodgson, of the Whidden Memorial Hospital in Everett, has accepted an invitation to take charge of the hospital in New Britain, Conn.

ORANGE, N. J.—Following the calendar which has appeared for the guild year, the service in November was held at Christ Church, East Orange, with a very large attendance of active and associate members. Six active and one priest associate were received. The service was choral, and during the offertory a very beautiful anthem was rendered by Mr. Bland, whose fine tenor voice is well known in New York. The rector, Rev. W. W. Davis, gave a very striking address on the effect which religion had on the formation of character and its connection in a nurse's life. During the business meeting which followed in the parish-room a most admirable report was read by the active delegate to the council lately held in Philadelphia, giving to those not able to be there most vivid details concisely put together and bringing back the whole very clearly to those who had enjoyed the privilege of being present. Reports were made announcing

a musical tea and sale of stocks and Xmas cards to be held December 17 in the Grace Church Parish-House to defray the expenses of a room in the Nurses' Settlement for convalescent or slightly sick nurses, who will be cared for at a nominal rate. This is to be part of our winter's work. A very enjoyable tea had been provided by the ladies of the parish, and we were again favored by two solos by Mr. Bland; we greatly appreciated his kindness in affording us such a treat. The lovely flowers which formed the decorations were at the close generously distributed to any who were sick among the nurses and their patients, and sent with the love of those who had provided the tea. The opening of the Isolation Infirmary, November 25, has given us something very real to add to our thanksgiving season. It is complete in every detail, and while no one wishes to be the first occupant, it is a great relief to know it is there to be used. Miss E. Dechant has been suffering from a long siege of a low type of typhoid, but is now able to leave for a change of air. A badly sprained ankle kept Miss C. Thorndyke from her work for some weeks.

PHILADELPHIA BRANCH of the Guild of St. Barnabas met at the Church of the Ascension, Thursday, November 20, 1902, with our chaplain, Rev. G. W. Hodge, and Mrs. M. W. Brinkerhoff, our genial secretary, present, as well as some twenty other members and associates. It being the first meeting since the Annual Council, some time was given to listening to letters from some of the visiting members.

We had the pleasure of having a member with us from California. She spoke a few moments about the work on the Pacific Slope.

There was some discussion as to some definite work for the winter. One of the associates suggested that each member pledge herself to make at least two articles for some hospital or other worthy charity. The business meeting over, we went to the church proper for our service, where the Rev. Mr. Diehl gave us a delightful talk on the spiritual part of our work as nurses.

Service over, we returned to the lecture-rooms, where tea was served, and where we spent a pleasant half hour in social intercourse. It seemed to be the opinion of all present that the last council had been very helpful to the Philadelphia members of the Guild of St. Barnabas.

PROVIDENCE BRANCH.—The regular monthly meeting of the guild was held at St. Stephen's Church on Thursday, December 4. The guild office was said in the choir of the church by the chaplain, the Rev. S. B. Blunt. After the office the chaplain made a short address from the words, "Barnabas, a good man and full of the Holy Ghost." Mr. Blunt's words were earnest and practical. He dwelt especially upon the importance of personal goodness in the nurse—a goodness which can be felt by the patient.

The business meeting was held in the guild-room in the Parish-House. The names of Dr. W. L. Chapman and Dr. A. H. Miller were proposed as medical associates. Miss Maude Bonner and Miss Helen J. Bassett were proposed as associates, and Miss Elizabeth A. McNamara, a graduate of St. Luke's Hospital, New York, and Miss Sophia Hendrickson, a graduate of the Rhode Island Hospital, as active members.

At the close of the business meeting a very pleasant social hour was spent over refreshments provided by one of the associates.

PRACTICAL HINTS



CORN-STARCH AN UNUSUAL AGENT FOR INTRAVENOUS INFUSION.—For an emergency case, intravenous infusion being indicated, no prepared saline solution was obtainable, so the solution was made from the finest salt at hand, duly sterilized and chilled. The following day it was discovered through the grocer that this particular salt was specially prepared for table use in damp, hot climates, and that a small amount of corn-starch, the exact quantity unknown, was mixed with it to keep it in good condition. At the time the injection was started the radial pulse was imperceptible. The case was one of a crushing injury, necessitating amputation at middle third of femur, the patient having suffered greatly by delay in finding a surgeon. He responded quickly to the infusion and made an uneventful recovery, the only unusual symptom being slight edema of the face, which disappeared within thirty-six hours of the operation.

EXTRACTS from a letter written by a nurse who served in the smallpox epidemic in England:

"On the ships the patients are on feather beds (at 'the Extension' and different new buildings I hear a specially prepared wool mattress is being tried). Bad cases cannot stand having their beds made, so are lifted on to fresh, clean ones, and with some this is necessary several times during the day or night. Faces are so disfigured and change so rapidly that it is not always easy to identify them. We have an unlimited supply of feather pillows, sheets, handkerchiefs, etc., and patients always look absolutely clean. Eyes, mouth, and throats are done every four hours or more frequently: the tongues and throats of confluent cases are ulcerated and in a dreadful condition; the hemorrhagic ones are almost hopeless to deal with, as the bleeding is increased by the gentlest touch. Bed-sores have to be looked for, as they come quickly and slough deeply. Spirit cannot be used and powder cannot be rubbed on as preventatives, but the parts are dusted from large tins with perforated lids. I don't think I have seen one bed-sore heal. Every patient is blanket-washed twice in twenty-four hours, using plenty of soap, and not rubbing, but soaking the skin and carefully drying. This gives great relief and diminishes the smallpox smell. Cold is carefully guarded against; a sleeveless flannel shirt is first put on, over this a thick cotton one, both open down the back. . . . The temperatures are not often over 103°, the average is about 100°. To give sufficient nourishment is a great part of smallpox nursing, and until death is imminent—or the patient imagines he is being poisoned—is not difficult. Thirst is great, and many pints of milk are easily disposed of. . . . Brandy is the only stimulant I have been ordered to give, in small quantities and often, two or three teaspoonfuls every two hours as a rule. . . . For the faces every sort of treatment has been tried. In the early days of the epidemic a mask of Whitehead's varnish was the correct thing, but proved disappointing. Ointment masks and fomentations are popular, but nothing seems to prevent scarring. . . . The soles of the feet are often

very painful and are fomented; the snipping of the blisters there and on the limbs I cannot describe; some patients are in fomentations from head to foot.

"The appearance of the delirious cases is peculiar; frequently one arm is raised and trembling, and the index-finger appears to be pointing at something high up. . . . The hemorrhagic cases are the saddest; from the first they are considered hopeless, although they do not always look bad on admission. They are conscious to the end, and their death is terrible. In other hemorrhagic cases there is a small red rash, the face swells past recognition and becomes almost black; these suffer much from the mouth and throat. . . . In having charge of the ward for delirious patients I may consider myself fortunate, as it enabled me to nurse smallpox in its worst and most malignant forms. . . . An hour spent in that particular ward would, I am sure, have cleared up every doubt as to the blessings of vaccination. . . . Nothing seemed to make them sleep or quiet them—opium, bromide, trional, paraldehyde, were all no good. Very large hypodermics of morphia answered, but the risk of collapse had to be considered. . . . I shall always associate with the ships the tramp, tramp, of the stretcher-bearers carrying the dead from the wards; it went on all night; it got on the nerves, especially when a patient buried his head in your apron and implored you not to let them come for him next.

"At any hour of the night the Roman Catholic priest from Dartford would appear silently at my side, and having attended to some dying man as silently depart; but out of the tail of my eye I have seen him give drinks, shake pillows, and leave comfort in many ways behind him.

"Some, who have not tried it, think there is little nursing possible in smallpox, but I cannot agree with them. . . . And when one poor dying thing took my hands in his and felt and rubbed them for a time, and saying 'Like mother's hand,' bent and kissed them, my time here did not seem altogether wasted. . . . The complete wipe-out of families is astonishing; it is a common thing to have the husband, wife, and many children here. . . . One nurse only has taken smallpox here."—*Nursing Notes*.



BISHOP BRENT in a letter to the Board of Missions of the Episcopal Church has asked that two trained nurses and a physician be added to his staff of assistants. Bishop Brent's request should be of special interest to nurses of the guild, and further information can be obtained from the corresponding secretary, Mission House, Fourth Avenue and Twenty-second Street, New York City. We understand Miss Beatrice Oakes, of Boston, has already been appointed, and that the board desires to obtain a waiting list of applicants for missionary work not only in the Philippines, but other fields of labor where nurses are needed.

CARING FOR THE CONSUMPTIVE POOR.—Cambridge, Mass., is agitating a plan by which the consumptive poor may have free diet supplied to them and the services of a trained nurse. It is impossible to send all the patients of this class to sanatoriums, and the idea is to provide in the home some of the alleviating methods that have been found so beneficial in the sanatoriums. Work upon these lines is already being done in the cities of Paris and Berlin, but Cambridge is among the first in this country to undertake this method of caring for its consumptive poor.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—Ed.]

NEW JERSEY STATE NURSES' ASSOCIATION

The regular meeting of the New Jersey State Nurses' Association was held in Paterson, N. J., December 2, 1902.

The morning session was called to order at eleven-fifty-five, the president in the chair. In the absence of the secretary Miss M. E. Sherwood was elected secretary pro tem.

Mrs. O'Neill gave the address of welcome on behalf of the Paterson nurses, and Mrs. Peterson followed with the report of the Committee on Arrangements.

The minutes of last meeting (special), held May 17, 1902, at Newark, N. J., were read and approved, after which the secretary's annual report was read and accepted. The report of the Executive Board showed the usual quarterly meetings held, to which the standing committees presented their reports as follows:

Ways and Means Committee.—March, no report; June, amendments to constitution and by-laws in preparation; September, progress on amendments; December, association duly incorporated.

Membership Committee.—March, no report; June, thirty-seven applications received and action taken by Executive Board; September, no report; December, twenty-eight applications received and action taken by Executive Board, which gave a membership of one hundred and eighty-six.

The Printing Committee's report showed that they had plenty to do, having had printed two hundred membership cards, two hundred and fifty copies of the constitution and by-laws, five hundred copies of the amendments, five hundred membership application blanks, one thousand envelopes and letter-heads, and two hundred copies of the order of business.

The Executive Board held a special meeting April 10 to discuss the advisability of calling a special meeting of the association.

At the regular quarterly meeting of the board in June it was decided to ask the New Jersey State Medical Society for their indorsement of our association. This matter was taken in hand not only by the Executive Board, but by the members in general, and the success was no doubt due to the prompt and energetic work done by members all over the State.

At the quarterly meeting in September, aside from the usual business transacted, a Committee on Arrangements was appointed for the regular meeting of the association, also a Nominating Committee.

The annual meeting of the board was held concurrent with the annual meeting of the association, which closed the business of the board for the year.

The treasurer's report was called for and audited by a committee appointed for the purpose.

The amendments to the constitution and by-laws were then submitted and acted upon.

Adjournment until two P.M.

The afternoon session was called to order at two-forty-five P.M. A motion to the effect that the members be made members of the association corporate was carried. The certificate of incorporation was placed in the care of the secretary. The letter of indorsement from the State Medical Society read to the house was received with much satisfaction. The Ways and Means Committee on Legislation was presented and accepted, the discussion on the chief points to come up later.

The next in the order of business was the election of new members, followed by a recess of ten minutes to allow them to vote, after which business was resumed.

In accordance with the by-law providing that the Nominating Committee shall be appointed from the floor to serve at the next annual election, Mrs. O'Neill, Miss Dwyer, and Miss Brückner were elected.

The secretary read an invitation from Miss Stout, of Trenton, N. J., on behalf of the nurses of Trenton, to hold the next meeting at that place, which was accepted.

Report of Committee on Elections for ensuing year was as follows: President, Miss Irene T. Fallon, Camden, N. J.; first vice-president, Mrs. Janette T. Peterson, Bayonne, N. J.; second vice-president, Miss Ellen Connington, Newark, N. J.; secretary, Miss Effa Fahringer, Camden, N. J.; treasurer, Miss Martha Galatian, Newark, N. J.; trustee and chairman of Ways and Means Committee, Miss Florence Jacobus, Montclair, N. J.; trustee and chairman of Membership Committee, Miss McHale, Newark, N. J.; trustee and chairman of Printing Committee, Miss Martha Cameron, Elizabeth, N. J.

The report of Mrs. d'Arcy Stephen, who was appointed to look up information regarding affiliation with the New Jersey State Federation of Women's Clubs, was favorably received, and a motion was passed that the association join.

All other business having been transacted, the subject of legislation was brought before the meeting. To the question as to whether legislation was to be attempted this year or not, Mrs. Peterson replied: "It seems to me that was our principal object in forming a State Association, to obtain legislation for nurses, and now that we are organized and incorporated, it appears the next step to take, and I move that the Ways and Means Committee be instructed to proceed with the business of legislation as far as lies in their power." Motion seconded by Mrs. Stephen and carried.

Attention was called to the fact that the Illinois State Nurses had also decided the question of title as well as the New York State Nurses.

The proposed Illinois bill was read. Letters from the New York State Association and the Virginia State Association were read. The Virginia nurses have not decided upon a title. Here the different titles suggested, "Graduate Nurse," "Registered Nurse," "State Registered Nurse," and "Registered Graduate Nurse," were discussed, but no decision was reached.

The question of State examination was taken up, but, like the title, was not settled.

The small number of members present did not warrant a conclusion to either question without due consideration, and it was suggested to hold a meeting some time in January, when it is expected a larger attendance will be present.

The motion before the house was put and carried.

On motion, it was decided to hold a special meeting in Newark, N. J.

A vote of thanks on behalf of the members was tendered to the Committee on Arrangements and the nurses of Paterson, after which the meeting adjourned.

Owing to delay of officers, caused by a trolley break-down, the morning session was not called until an hour and a half late, consequently the afternoon session was called much later than intended.

The small attendance (the register showed twenty-one names) would seem to indicate a lack of interest, but we are assured this is not the case, as a number of letters were received from members expressing regret that they could not be with us, and in view of the fact that so many expected to take part in the discussion on registration it was planned to call the special meeting to be held in Newark, N. J.

EFFA FAHRINGER, Secretary, per I. F.

SPANISH-AMERICAN WAR NURSES

THE third annual meeting of the Spanish-American War Nurses, held in Washington, December 1 to 6, 1902, was a most delightful and successful gathering. The members of the society, with the friends who accompanied some of them, made up the required one hundred persons for reduced railroad rates, and most of the party stayed at the Ebbitt House headquarters.

On Monday morning, December 1, committees from the Daughters of the American Revolution and from the National Auxiliary to the Spanish War Veterans met the nurses at the Ebbitt and escorted them to the Capitol to see the opening exercises of the United States Congress. The afternoon was spent in sight-seeing.

Dr. McGee's reception in the evening was attended by all the members present and their friends and by several notable persons who came to meet them, including members of Congress, officers of the army and navy, physicians, etc. General and Mrs. Sternberg and Mrs. Hawley assisted in receiving, but Senator Hawley was, unfortunately, not well enough to be present. The absence of Professor McGee, due to an unexpected trip to Mexico, was greatly regretted.

The business sessions were opened promptly at ten o'clock, Tuesday morning, December 2, at the Ebbitt House, where all the meetings were held. The attendance was so large that many were obliged to stand. Dr. Anita Newcomb McGee was in the chair.

Right Reverend Henry Satterlee, Bishop of Washington, delivered the invocation, after which Dr. McGee spoke of the pleasure the society had in meeting in Washington, and recalled a remark made to her by Miss Susan B. Anthony to the effect that in Washington women were the equals of the men, because the District of Columbia is peculiar in that no one has the right of suffrage.

The District is governed by a Board of three Commissioners appointed by the President, and the Hon. H. F. B. MacFarland, president of this board, was introduced and extended to the nurses a hearty welcome to the city. A paragraph from his address is as follows:

"There is no place in the country where you will be more welcome than

here, where your commissions were signed, your labors directed, your report received, and where your memorials are preserved for all time to come. A hero of the Spanish War is in the White House to receive you, and all through the War and Navy Departments, as well as in the homes of our people, are those who can especially appreciate your labor of love."

Colonel Urell, commander-in-chief of the Spanish Veterans, was introduced and spoke in keen appreciation of the presence of women nurses in the army and of the great pleasure experienced by the soldiers when they met them at Montauk on their return from Cuba. He declared there was "no medicine like that of a woman's voice, that can do more to save a patient and stop the progress of a fever than all the pills and capsules in the store-houses of the army."

The next speaker was Mrs. Charles W. Fairbanks, wife of the senior Senator from Indiana and the president-general of the Daughters of the American Revolution, who was welcomed by the nurses rising in a body. Mrs. Fairbanks dwelt on the strong tie between the Daughters and the War Nurses and on the aid the former had been able to extend to the latter, and in conclusion pledged the support of the D. A. R. to the advancement of the life-work of the nurses.

Mrs. Daniel Manning, president-general of the Daughters in 1898, had been invited to be present at the meeting, but sent regrets that she could not be in the city at that time.

The United States Navy was represented at the meeting by Medical Inspector Boyd, who spoke of the efforts of his service to secure a nurse corps similar to that in the army; he spoke briefly of a bill to secure this object, which he had prepared and which had been published in the last annual report of the Surgeon-General of the Navy. His reference to the proposed maximum age for admission as thirty years called forth some amusing debate, some nurses holding that this was much too low a limit, while one of them declared that it was a matter of no consequence, since no nurse was ever over thirty. Dr. McGee explained further that the bill prepared by Dr. Boyd was a very excellent one, offering many advantages beyond what the army provided, and that the committee which she had appointed the day previous had criticised only a few minor details. She felt certain that the society would give its unqualified approval to that bill and would endeavor to have it pass Congress at the earliest possible time. This suggestion meeting with approval, Dr. McGee was authorized to take any action which might be desirable towards securing legislation for the Naval Nurse Corps.*

Recently the National Auxiliary to the Spanish War Veterans has been formed, and Mrs. Flora Lewis, the national president of that organization, was next called upon. Dr. McGee referred to the fact that the nurses could have done nothing had they not had the present "veterans" to work for, and they certainly could have done less than they did had it not been for the army of women who were not able to go to the field like themselves, but who did everything in their power to further the hospital work. Mrs. Lewis extended greetings from her society, which highly appreciated the work of the nurses, and after

* The Naval Nurse Corps bill was introduced in the United States Senate by Senator Gallinger, of New Hampshire, December 3, and referred to the Naval Committee. It was then, in accordance with custom, referred to the Secretary of the Navy, and is still (December 16) under consideration in the Navy Department. The details of the bill have been objected to as being too greatly superior (for the nurses) to what was offered in the army, and when the bill is returned to the Senate committee it will in all probability be more like the existing army law than like the bill prepared by Dr. Boyd.

explaining the eligibility clause, which provides that nurses should be eligible to membership, she invited every member of the Spanish-American War Nurses to become a member of the auxiliary.

Mrs. Dita H. Kinney, Superintendent of the Army Nurse Corps, was invited to address the society, and in doing so she extended to the members an invitation to call upon her at her office in the War Department, where, she added, she was glad to see them at all times.

Dr. McGee here stated that the army nurses of the Civil War had held their annual meeting in Washington last September, and that she had been most cordially received by them, and had extended to them greetings of the Spanish-American War Nurses. They in return had sent their greetings and good wishes to the younger society. It had been asked how many women were in the Civil War hospitals or on the field at work during the long years of that war, and they replied that they had endeavored to collect a list of such nurses, dietists, etc., and had succeeded in obtaining the names of six hundred women. Dr. McGee referred to the great difference between this number and the fifteen hundred trained nurses who had served in the Spanish War, although the latter had lasted but a few months. It was practically the first war in which women had participated since the general establishment of training-schools, and it was a pleasure to know that since then the value of the work of the professional woman had been appreciated and recognized in the South African War.

The audience next listened attentively to an interesting address from General Sternberg, Surgeon-General of the Army during the war, and until his retirement in June last. The general explained his idea at the beginning of the war, that the women nurses would be used at the large hospitals, but that they could not be expected to follow a moving army in the field. It was for this reason that women were not sent to the camp until their hospitals were made practically stationary by the outbreak of typhoid fever epidemic, when trained nurses became indispensable. He paid a high tribute to Dr. McGee's work for the nurses, which was recognized by the audience giving her a rising vote of thanks at the close of his address. Dr. McGee in reply stated that General Sternberg had modestly failed to mention his own acts, for which the nurses should be deeply grateful. In April, 1898, just at the time when war was declared, the Surgeon-General had of his own initiative and without suggestion from anyone asked from Congress and received an appropriation for the payment of contract nurses, either male or female. Had he not done this, the Nurse Corps could have had no existence, and so it should never be forgotten that however much the Surgeon-General may have been assisted by others, the first and fundamental action towards the recognition of women nurses in the army was taken by Surgeon-General Sternberg.

Mr. L. W. Dyer, the adjutant-general of the National Society of Spanish War Veterans, having entered the room, was invited to address the society, and spoke of his own wish that there might be some sort of affiliation of the nurses' society with that of the soldiers for whom they had cared. He referred also to his own gratitude towards the nurses who had tended him in the general hospital at Montauk.

Mrs. Flora Lewis had a word of hope that the societies having the Spanish War as a common tie might be drawn closer together.

Dr. Laura A. C. Hughes rose to remark that no binding alliance was desired by the War Nurses, but that she favored some mutual recognition that would enable the societies to work along common lines when desirable.

On motion of Miss Susie Saunders, the president was authorized to appoint a committee of ten, representing different parts of the United States, to confer with committees from the Society of Veterans and its auxiliary regarding affiliation.

Letters were then read from the vice-presidents of the society who were unable to be present and some other members who had sent greetings.

After this reports from the five camps were called for. Camp Liberty Bell, of Philadelphia, responded through Miss Rebecca Jackson, its captain. Camp Hope, of Rhode Island, also responded. Dr. Hughes, captain of Camp McKinley, in Boston, in reporting spoke of the desire of the camp to change its name to Camp Roger Wolcott. Miss Elizabeth Hewitt, captain of Camp Anita Newcomb McGee, of Washington, made her report; but the newest addition to the list, Camp Golden Gate, whose head-quarters are the Presidio at San Francisco, was not heard from. (These reports will be published later.)

The president then announced in detail the programme for the week, so far as it was completed, referring especially to the trip to the National Cemetery at Arlington, Va., which was to be made in 'busses that afternoon, and called upon Miss Elizabeth Bryant Johnston, the historian, and chairman of the D. A. R. Committee on Courtesies to Nurses, who gave briefly the history of Arlington, which had been the home of the Lee family before the Civil War and was afterwards bought by the government and used as the National Cemetery for the army and navy. In this cemetery a site has been especially set apart for burial of nurses who served in the Spanish War.

The announcement that both the President and Mrs. Roosevelt had invited the members of the society to the White House on Thursday morning was accompanied by the explanation that this was the first reception of the kind to be held in the White House proper since what may be called its reconstruction. The White House has long been too small for use both as a residence and business office of the Executive, and an annex has just been completed in which the President and his secretaries now conduct their business. The interior of the White House itself has been remodelled, greatly altered, and entirely redecorated, and, indeed, this work has not as yet been completed. The reception of the nurses in this building is therefore particularly noteworthy.

A desire was expressed to settle at once the question of the costume to be worn at the White House and other official receptions, and Miss Jackson moved that uniforms be worn. After discussion, in which the desire to do honor to superior officers by appearing in professional garb was emphasized, the motion was carried by a very large majority.

Mrs. Lounsbury, the corresponding secretary, announced the deaths of three members, Miss Lillian Warren, Miss Cynthia Moore, and Miss Mary E. Keller. A letter from Miss Keller, who had died only four days before the meeting, was read. In it she sent greetings to the members of the society, and said that although unable to be present in person, she would be with them in spirit. (The obituaries of these nurses will appear later.)

A long list of marriages of members of the society was also read, and Mrs. Lounsbury reported, as secretary of the Committee on Admission, the names of nurses who had applied for membership during the year.

After lunch the nurses were driven across the Potomac River to Arlington. They were met at the gate by the superintendent of the cemetery, who escorted

them to the house and over the grounds, and showed them the various points of interest, the Quartermaster-General of the Army having directed that every courtesy be extended. On the way a funeral cortège bearing the remains of soldiers who had died in the Philippines, and who were to be buried in the National Cemetery, was passed. The plot assigned to the Spanish War Nurses has a beautiful site, and in the corner of it the ground has already been prepared for the erection of the monument which this society proposes to erect to the memory of their deceased comrades.

Just outside the gate to Arlington is the Post of Fort Myer, and at its hospital Major Davis and his assistants were ready to greet the nurses. Major Davis had been commanding officer of the large general hospital which was established at this point in 1898, and since his experience at that time his appreciation and gratitude towards the trained nurses has been very great.

Tuesday evening was given over to reminiscences; but before beginning the president announced the committee of ten on affiliation with the Spanish War Veterans, Miss Saunders being appointed chairman. Miss Elizabeth Stack presented, with the compliments of Major Reynolds, printed programmes of the drill to be given by the Hospital Corps in honor of the nurses at Washington Barracks on Thursday afternoon. Mrs. Lounsbury, who held the reminiscence bag, read several interesting and amusing letters from absent members. Following these, a long and most delightful evening was spent in talking over old times. Without a verbatim report no idea can be given of the spirit of the meeting or of the mingling of laughter, applause, and tears which caused everyone to regret that any of the war nurses should be absent and unable to join in the reunion. Among those who contributed to the meeting were Miss Biermann, Dr. Hughes, the Misses Dellworth, Weber, Saunders, Russell, Hasson, Waddell, Robbins, Walton, Stack, Jackson, and Hanbury.

At the close of the evening Mrs. Brinton, president of the Civil War Nurses' Association, spoke briefly, drawing a comparison between the work rendered so long ago and that of the younger nurses of the Spanish-American War, and remarked that she might tell stories of the work in the hospitals and on the field in the Civil War which would detain them until the early morning hours, but that she had come instead simply to see and to hear of the war work done by the younger generation. Dr. McGee requested Mrs. Brinton to convey the cordial greetings of the Spanish-American War Nurses to the members of her association, and the evening meeting was finally adjourned at eleven o'clock.

At nine o'clock on Wednesday morning, December 3, the officers of the society were obliged to hold a committee meeting, but most of the members accepted the invitation from General Sternberg to visit under his personal escort some of the rows of model tenements erected in Washington by the Sanitary Improvement Company, of which the general is president. At eleven o'clock the business session, for members only, was called to order with Dr. McGee in the chair. Several announcements were made, and a letter addressed to Dr. McGee by Mrs. Luer was read, asking if the nurse could be found who cared for her son, Joseph A. Luer, during his last illness. He died at Ponce, Porto Rico, in September, 1898, and his mother asked for some particulars of his death in a way which brought tears to the eyes of all present. Although several nurses were present who had served at the Ponce hospital in September, none of them recognized the name. It is hoped, however, that someone will do so and will communicate with Dr. McGee.

Mrs. J. Ellen Foster, an officer of the Spanish War Veterans' Auxiliary, was announced and said she wished to say a few words to the nurses regarding the conditions which prevail in Russia, to which country she had recently paid a visit as a delegate to the Red Cross Conference. Nursing in Russia is taken up by ladies who wish to perform a charitable deed, and training is practically unknown. Mrs. Foster emphasized her appreciation of the word "professional," used in connection with trained nursing, and said that in her opinion the work of no other profession did so much for the advancement of the cause of women as did that of the trained nurse. At the close of her remarks a rising vote of thanks was extended to Mrs. Foster.

The business meetings will be reported fully next month.

Wednesday evening a party of nurses accepted the invitation from Captain Chester to visit the Naval Observatory on the outskirts of Washington. Professor King escorted the party to the various buildings and showed them not only the outside of the instruments, but also invited them to look at some stars through the great telescope.

One of the very interesting features of the meeting was the reception tendered the society on Wednesday evening by the District Corps of the Spanish War Veterans in their own hall. A delegation from the veterans personally escorted the nurses from the Ebbitt House to the hall, which was filled with old soldiers, many of whom gave visible evidence of the wounds they had received. Brief addresses were delivered by Colonel Urell, the national commander-in-chief, Major Hodgson, corps-commander of the District of Columbia, Rev. Couden, the blind chaplain of the House of Representatives, Mrs. Flora Lewis, Dr. McGee, Miss Hanberry, and others. Refreshments were served and many individual greetings were exchanged. Several of the nurses found old patients among the veterans, and no heartier welcome could have been received than was extended by the numerous hosts of the occasion.

ANITA NEWCOMB MCGEE.

(To be continued.)

THE PUBLIC SCHOOL NURSES IN NEW YORK CITY

ON December 1 Dr. Lederle, Health Commissioner, appointed a staff of nurses, eleven in number, as officers of the Board of Health to continue the work in the public schools. Miss Rogers, who began and who continues in charge as supervising nurse, makes the twelfth. The nurses appointed were Miss Munn, graduate of the New York Hospital; Miss Andrews, Presbyterian; Miss Gregg, New York City; Miss Johnson, Mt. Sinai; Miss Oakley, Bellevue; Miss Price, New York Hospital; Mrs. Summerville, graduate of Hamilton Hospital with post-graduate work in the New York Eye and Ear Infirmary; Miss Halberstadt, German Hospital; Miss Thistle, Miss Wennstrom, and Miss Dean, of the Brooklyn Hospital. The three latter nurses are stationed in Brooklyn. They are all enthusiastic over the work, which consists in going daily to each school in turn, dressing all such minor cases as the doctor has ordered to them, and afterwards visiting the excluded cases in their homes and instructing the mother, if necessary, and keeping records of when they return. The excluded eye cases go each day to the nurse at the hour when she is in the school to have the drops in the eyes.

Each nurse has four schools, and the cases number sometimes as high as seventy-five in a school. This month's work is intended as a demonstration to the public. It remains to be seen whether it will be established permanently.

L. D. W.

SPECIAL MEETING OF THE NEW JERSEY SOCIETY

A SPECIAL meeting of the New Jersey State Nurses' Association will be held at the Parlors of the Young Men's Christian Association, Clinton Street near Broad, Newark, N. J., on Monday, January 19, 1903, at half-past two o'clock.

A large attendance is desired, as the proposed nurses' bill for legislation will be submitted and the question of title decided. Following are some of the titles suggested at the annual meeting: "Registered Nurse," "Graduate Nurse," "Registered Graduate Nurse," and "State Registered Nurse."

IRENE T. FALLON,

President New Jersey State Nurses' Association, Camden, N. J.

NEW YORK STATE MEETING

THE next quarterly meeting of the New York State Nurses' Association will be held at the Academy of Medicine, 17 West Forty-third Street, New York City, on Tuesday, January 20, 1903, at ten and two o'clock.

In addition to the regular routine business there will be addresses by leading medical men and others on the subject of State registration.

Pleasant places for ladies to stay are the Margaret Louise Home, 14 East Sixteenth Street; the St. Denis Hotel, Ninth and Broadway; the Westminster Hotel, Sixteenth Street and Irving Place, within a block of Union Square.

Rooms should be secured in advance.

ELIZABETH C. SANFORD, Secretary.

149 CHESTNUT STREET, ROCHESTER, N. Y.

ANNOUNCEMENTS

BOSTON.—The Boston City Hospital Nurses' Club will hold on January 6 the "Quarter-Centennial of the Boston City Hospital Training-School for Nurses." Dr. Edward Cowles, who was in charge of the City Hospital when the school was organized, and Miss Linda Richards, under whose wise supervision the school was established, will make the addresses of the evening. At the February meeting there will be a "Fireside Talk," for which letters from absent members are asked; at the March meeting there will be a discussion on "The Nurse of the Future;" April, an "X-Ray Treatment" lecture by Dr. F. H. Williams, and at the last meeting of the season there will be a reception to the delegates of the Associated Alumnae when that convention is held (date is not yet fixed).

ANNUAL MEETING.—The annual meeting of the stockholders of THE AMERICAN JOURNAL OF NURSING Company, for the election of directors for the ensuing year and for the transaction of such other business as may properly come before the meeting, will be held at the office of the company (Grill Room), 299 Henry Street, Borough of Manhattan, City, County, and State of New York, on Thursday, January 15, 1903, at two o'clock in the afternoon. Books for the transfer of stock will be closed January 5, 1903, and from that date to January 16.

ANNE DRAVO VAN KIRK, Secretary.

NEW CLUB-ROOMS

OWING to increased membership and, consequently, increased demands upon it, the Boston Nurses' Club has been obliged to give up its rooms in Warren Chambers and remove to larger quarters.

A very pleasant suite has been fitted up, where it is hoped club members will be made comfortable and where the business of the registry may be done with ease and dispatch.

The club is "at home" to its friends at 755 Boylston Street, Suite 9.

COURSE IN HOSPITAL ECONOMICS

MISS ALLINE's report of the work of the Class in Hospital Economics contains the following:

"The excursions for the month were, first, the Nurses' Settlement. This is always one of the most interesting visits, possibly because it is carried on entirely by nurses, and then there is always something new; no matter what the class has heard, there is something they never thought of, and it is a surprise to them to see how much there is in the work. Trip number two, St. Mary's Free Hospital for Children. Number three, State Hospital on Ward's Island.

"The course in the catalogue under the title 'Home Sanitation and Management' is to be greatly changed next year. It is to be practically two classes. The first will be 'Home Sanitation and Mechanics,' and the main topics will be site, soil, foundation, structure, plumbing, water-supply, disposal of waste, heating, ventilation, and the practical mechanics necessary to understand how to manage the furnace, boiler, gas, electric lighting and heating, and the ordinary laundry machinery.

"I believe this will prove to be an excellent course as elective for our students. Knowing the hours for that course this year were impossible for our class, I have asked that we be considered when the next schedule is made up.

"The work has gone on quietly this month, and there is little to report. Their practice teaching under Dr. Wood is one of their chief pleasures."

THE New York Post-Graduate Hospital Nurses' Club, 120 East Thirty-first Street, has issued the following circular to its members:

"Stated meetings are held on the first Tuesday of each month, at three-thirty P.M. Tea will be served to members and their friends at four o'clock.

"Annual dues are payable November 1, and each nurse is asked to send her amount as soon as possible to Mrs. Mae L. Cole, acting treasurer, at the club address.

"The alumnae enters the State Society this month, and all graduates who desire to become members of that organization—and, of course, every nurse living in the State will wish to be—should send with her dues ten cents, the fee per capita for admission to the New York State Nurses' Association if you enter through your club. If you are already a member in good standing and your annual dues are paid, the dime may be sent to Miss Belle Thomas, chairman of the committee on that fund, at the club address.

"Now about this State Society: Are you doing anything to further so important a work, than which nothing of more moment to you has hitherto been agitated? You think it disgraceful that the woman who, after a trial of a month, more or less, is dismissed from your hospital, having been found wanting in much that is womanly and nurse-like, should be given employment,—indeed, kept more constantly employed than you, possibly, with your record of three-years' careful training. Granted that it is disgraceful, that that woman is a menace to the profession of nursing, to the medical profession, but most of all to the public, what can you do to do away with such a state of affairs? Nothing as an individual. Nurses frequently say 'The doctors should see to it that such women are not put on cases.' Do you really think that if you yourself do not care enough for the diploma you have worked and studied for three years to obtain to work for State laws that will place your calling on a professional basis and protect you, that the busy man of the medical profession, who has already worked ten or more years to obtain protection for himself, should pick you up and carry you along?

"You are not asked to do the work of construction—the organization is formed. Will you not put your shoulder to a wheel already turning, even if it is only to talk to your public in the home and the institution? The public needs only to have the matter placed before it in its true light to realize its own danger from Jane Toppan and her prototypes, so when our bill for the registration of the graduate nurse comes before the Legislature of our State, people will be conversant with what we are asking, and, realizing that it is for the good of the medical profession, the good of the public, and of ourselves, will gladly further our interests and their own by urging the passage of our bill.

"In sending the dimes, please send name and permanent address in full.

"Your attention is called to another circular under this cover,—the announcement of the study course for the winter. The nurses of New York cannot fail to realize what a wonderful return they are to have in this course for a minimum outlay. Every member in good standing may have a ticket for the course by applying at the club; this she is entitled to through her paid-up membership.

"M. E. THORNTON,

"120 East Thirty-first Street.

"December 12, 1902."

REGULAR MEETINGS

NEW YORK.—Someone has said, "And you wish a thing done, give it in the hands of a busy man or woman." Much, then, should be accomplished by the New York nurses during the next few weeks, for full their time certainly will be. The lecture course will be begun, as has been previously announced, on Monday, January 5, at half-after-three, and continued for twelve successive Monday afternoons. The members of the Brooklyn Hospital Alumnae have invitations out for the afternoon of January 6 in their alumnae-rooms.

The State Society too will demand its share of time, and a local Committee on Entertainment is at work arranging for some social events while the members are in town.

The members of the New York Alumnae, with those of the other alumnae who were fortunate enough to be able to attend, had the pleasure of listening to Mrs.

James E. Newcomb, president of the Board of Directors of the Stoney Wold Sanatorium.

Mrs. Newcomb spoke of the great need for the immediate equipment of Stoney Wold, of the many letters received by the board from patients who were anxious to be admitted, among these letters not a few bearing the signatures of graduate nurses, and it had occurred to the speaker that nurses might further the interests of the sanatorium by acquainting the people with whom they came in contact of its purpose and the great need for that purpose to be carried out. Mrs. Newcomb went on to explain the forming of auxiliaries pledged to raise six hundred dollars, the amount necessary for the building and equipment of a bedroom, the room to be named by the donor, and thought possibly such an auxiliary might be formed by the nurses of New York.

While Orange is not New York, still, it is one of the three alumnae in New Jersey associated with the National, consequently we feel personally interested in the splendid result of their work in the matter of establishing the Isolation Infirmary, the dedication of which is given in detail in another column. "They also serve who only stand and wait" is so often the creed we have to content ourselves with, that on this occasion of a splendid, apparent, speaking result we shower congratulations upon the Orange Alumnae.

CHICAGO.—A special business meeting of St. Luke's Alumnae Association was held Thursday, December 5, for the purpose of voting upon the matter of investment of the endowment fund recently raised by the personal effort of Miss Harriet Fulmer, which met the requirement of a conditional gift from Mrs. Edward Dudley Kenna. Too much cannot be said in praise of Miss Fulmer's effort, and the vast amount of work involved is surely appreciated by the nurses, who realize how limited is Miss Fulmer's time for such effort, and know that she gave up the best of her vacation to the work. The meeting called out a better attendance than usual, so that there was a reasonably large voice in the decision reached to refer the matter of investment to a committee consisting of two prominent business men, Mr. James L. Houghteling and Mr. A. H. Mulliken, and three nurses, Miss Harriet Fulmer, Miss May Draper, and Miss Marie Rohrer, who will report back to the Board of Directors three or four possible investments, limited to bonds or mortgages, at which time the Board of Directors will have power to act finally.

PROVIDENCE, R. I.—Miss Ellen Kenney, who has been engaged in district work for the past three years, has a six-months' leave of absence, which she will spend in El Paso, Tex. Miss Kenney has been a very active worker in the Alumnae Association and Nurses' Club, as well as in the district work, and her many friends hope she will be greatly benefited by this much-needed rest.

ERIE, PA.—A new Graduate Nurses' Association has been organized at Erie, Pa., with the following officers: President, Miss M. Fuessler; vice-president, Miss G. Swasy; secretary, Miss A. Metz; treasurer, Miss L. Betz.

WASHINGTON, D. C.—On February 8 a number of nurses, members of the Spanish-American War Nurses' organization, met together at Dr. McGee's home, Washington, D. C., for the purpose of forming a camp. It was decided to call said camp "Anita Newcomb McGee," and the necessary permit to do so was forwarded to the secretary of the Spanish-American War Nurses' society. It was decided to hold meetings at stated periods, and the officers of the camp were then elected to serve for one year from date of organization. The evening was very delightfully spent in social intercourse, refreshments being served by our hostess, and the hours passing all too swiftly for those present. A second meeting was called on May 10 and was held at the residence of Dr. McGee, and a new member was added. The third meeting, held at the home of Miss Hewitt, also brought additions to the list and a very interesting evening, in which papers on various subjects were read. The one relating to "Army Nursing" by Dr. McGee appealed particularly to all present. The fourth meeting was held at the home of Miss Flynn, and the meeting was called to order by Miss Hewitt, our C. O., who directed that the roll be called, after which the minutes of the last meeting were read and the business of the evening attended to, including the admission of five new members, making fourteen active members on the roll. Of course, all are not able to be present, and regrets are usually sent, but we hope in the near future to be able to get in touch with one another to some extent and keep up the comradeship formed in '98 in camp and field. All members of the Spanish-American War Nurses are eligible to one of these camps, and a cordial invitation is hereby extended to any comrade living in nearby towns or cities where no camp has been organized to join the ranks of "Camp Anita Newcomb McGee."

By order E. M. HEWITT, Captain.

E. STACK, Adjutant and Secretary.

DUBUQUE, Ia.—In January, 1902, the Graduate Nurses' Association of Dubuque was organized. We now have four honorary and twenty-one active members, representing eight different schools. Meetings are held the last Monday in the month from September to June. The officers are: President, Miss Grace E. Baker; first vice-president, Miss Katherine McKinnon; second vice-president, Mrs. Gertrude Christman; treasurer, Mrs. Fred Rumpf; secretary, Miss Mary Stotz. The organization controls a nurses' directory, which is kept in one of the leading drug stores.

BROOKLYN, N. Y.—The regular monthly meeting of the Brooklyn Hospital Association Alumnae was held at the Training-School, Tuesday, December 2. Twenty-four members were present. Three new names were proposed and accepted for membership. An interesting letter was read from one of our absent members giving an account of her trip to New Mexico, where she is spending the winter. Through two of our nurses a small donation of money has been presented to our alumnae, to be used in whatever way thought best. After discussion it was decided to make it a nucleus for an endowment fund. It was proposed and unanimously carried that we invite the alumnae of all the different schools to meet with us socially on Tuesday afternoon, January 6, at the Training-School. The meeting was then adjourned.

ORANGE, N. J., ALUMNÆ ASSOCIATION.—An informal tea was given by the Alumnæ Association of the Orange Training-School for Nurses to the graduating Class of 1902 on Saturday, November 22, at 1 Evergreen Place, East Orange, from four to six P.M. Owing to the recent change in the course from two to three years there were only three who had completed that term, Miss Borst, Miss Carmen, and Miss Wellington. Miss McCormick and Miss Atwood will shortly be out of the school. Fully fifty members were present at this very pleasant gathering, and it is hoped to enroll the entire class among the members.

BOSTON.—Twenty-three members answered to the roll-call at the November meeting of the Nurses' Alumnæ Association of the Massachusetts General Hospital. Four applicants were elected to membership. A committee was appointed to meet with a committee of the Alumnæ Association of the Boston City Hospital to consider the advisability of State legislation. At the close of the business meeting there was a fine musical and literary programme, prepared by the Entertainment Committee, after which refreshments were served.

WASHINGTON, D. C.—The first meeting of the Garfield Alumnæ was held at the Garfield Memorial Hospital on October 14, 1902. Miss Nevins, the superintendent, gave a tea. Over forty were present and a very pleasant afternoon was spent. At Garfield Hospital on November 10 Dr. Anna Wilson gave an interesting talk on "District Nursing," telling of the history, methods, and needs of the work, it being the first of a series of lectures which the doctors have consented to give to the alumnæ. The alumnæ has decided to continue giving the "Talks to Mothers," which they have given for a number of years past, under the auspices of the Christ Child Society. Miss Robinson, a recent graduate, has been appointed nurse at the Phœbe Hearst Industrial School. Miss Jean Allen has returned from the Philippine Islands. Miss Mary Gannon is still in Europe.

CHICAGO.—The yearly work of St. Luke's Alumnæ Association of Chicago began with the regular business meeting the third Wednesday in September. The October and November meetings were each preceded by a delightfully interesting and instructive talk. At the former Dr. William Allen Pusey explained quite fully the recent use of the "X-ray" as a curative agent, exhibiting photographs of cases treated, and at the November meeting, Wednesday, the 19th, the nurses had the pleasure of listening to Mrs. Charles Henrotin tell of the Consumers' League, some of the existing conditions brought to light by their energy, especially regarding the sweat-shops, what they are accomplishing in the way of reform, both in Illinois and elsewhere, and something of their plans for future work. These talks are followed by the regular business meeting. At the December meeting, which occurs the third Wednesday of the month, the association anticipates hearing Mrs. Ella Moore, of the University of Chicago, on "Romola."

KINGS COUNTY, N. Y.—A meeting of the Graduate Nurses of Kings County was held in the Brooklyn Hospital Training-School Thursday, December 4, 1902, the president, Miss Montieth, in the chair. At a meeting held in November a committee was appointed to prepare suitable by-laws for the association. The committee appointed were the Misses Waterman, Clark, Coombs, and Parry, of the

County Alumnae, and Mrs. M. Abbott, of the New York City Training-School, for the resident members. At the December meeting the by-laws were presented for consideration. The same were adopted with a few amendments. The association will hold four regular meetings during the year. And according to its by-laws a Nominating Committee was appointed to prepare a list of names of officers to be elected at the next meeting. The Nominating Committee appointed were Miss Hughes, Miss Clark, Miss Waterman, Miss Sutcliffe for the County Alumnae, and for the resident members Miss McCauley, of St. John's Hospital, Lowell, Mass. The first regular meeting will be held in March, 1903, when the report of the Nominating Committee will be presented and the permanent officers elected. The Graduate Nurses' Association of Kings County, N. Y., will then be organized.

PHILADELPHIA, PA.—The Alumnae Association of University Hospital held its regular monthly meeting Monday, December 1, 1902, at three p.m. in the board-room, University Hospital, the president in the chair. Twenty-one members responded. After general discussion, the proposed "sale" in aid of the "Endowed Room Fund" was dropped by a unanimous vote. A committee of five members was appointed by the president for the printing of constitutions with the amendment to Article VIII, the proposed amendment to Article III being rejected. A committee of five members was appointed to provide for a post-graduate course at University Hospital. The secretary was instructed to write a letter of thanks to Dr. J. William White for the tickets to the army and navy football game sent to the alumnae officers.

PHILADELPHIA, PA.—The Philadelphia County Nurses' Association held its regular monthly business meeting on Wednesday, December 10, 1902, at the New Century Club, Twelfth Street below Chestnut, with the president, Miss Walker, in the chair. There were three new members elected. A motion was made and carried that tickets of admission be printed and sold to non-members for the lectures given by Professors Quinn and Weygandt every Wednesday afternoon. These tickets can be purchased from members at any time, or at the New Century Club on Wednesdays, at three p.m., after January 1, 1903. Tickets for six lectures can be had for fifty cents, or ten cents a single ticket. A motion was made and carried that a committee of seven be appointed by the president to arrange for the social events of the winter.

MARRIAGES

IN Boston, Mass., on November 7, 1902, Miss Flora B. Patch, graduate of the Massachusetts General Hospital Training-School for Nurses, to Mr. Albert D. Early. Mr. and Mrs. Early will reside in Rockford, Ill.

IN Brooklyn, on July 26, Miss Olga Pedersen, graduate of Long Island College Hospital, Brooklyn, Class of 1894, to Dr. Franklin N. Murphy, of Staatsburg, N. Y.

ON November 19, 1902, Miss E. Dessie Kimble, graduate of the Cooper Hospital School, Camden, N. J., to Mr. William S. Barnard, of Collingswood, N. J. Mr. and Mrs. Barnard will reside in Collingswood.

AT Collinwood, Ont., November 1, 1902, Miss Catherine Mitchell, Class of 1901, Toronto General Hospital, to Mr. David Hood, V.S., of Midland.

At Orange, N. J., November 29, Miss M. E. Dickerson, Class of 1902, Orange Training-School, to Mr. T. Cadwallader, of Philadelphia.

At Epworth Hospital Church, Norfolk, Va., December 17, Miss M. T. Edwards, graduate of St. Vincent's Hospital Training-School, Class of 1900, to Dr. J. J. Miller

OBITUARY

DIED, at Rhode Island Hospital, September 30, 1902, Miss Helena Sheehan. Miss Sheehan was a graduate of the Rhode Island Hospital Training-School, Class of 1897. We, her sister nurses, mourn her loss and feel that by her death we have a lost a sincere friend and the profession a highly esteemed member.

The following resolutions were adopted by the Rhode Island Hospital Nurses' Alumnae Association:

"WHEREAS, God in His Infinite Wisdom has seen fit to remove from our midst our beloved associate, Miss Helena Sheehan; be it therefore

"Resolved, That while we bow in submission to the Divine Will, it is with a sense of personal loss, shared by all her friends.

"Resolved, That her many sterling qualities endeared her to all who knew her.

"Resolved, That we tender to her family our heartfelt sympathy in this hour of bereavement.

"Resolved, That a copy of these resolutions be sent to her family, printed in the nursing journals, and recorded in the minutes of the association.

"MARY C. CHACE,

"MARY A. LOGAN,

"ISABEL G. FRASER,

"Committee."

WITH deep sorrow we announce the death of our sister nurse, Clara M. Praray, on December 5, 1902, after a long illness which was borne with great patience. Miss Praray graduated from the Rhode Island Hospital Training-School in 1896, and during her five-years' work as private nurse won the love and esteem of her patients.

Resolved, That we, the members of the Rhode Island Hospital Alumnae Association, extend our heartfelt sympathy to her sister, other relatives, and friends.

Resolved, That a copy of the above be sent to her relatives, also published in THE AMERICAN JOURNAL OF NURSING and the *Trained Nurse*, and recorded in the minutes of the society.

WILHELMINA W. SIEVERTS,

ETHEL T. MASON,

HARRIET LOUGHEAD,

Committee.

WHEREAS, It has pleased Almighty God in His wise providence to call our friend and associate, Miss Lotta Munro, unto Himself, be it

Resolved, (1) That we, the nurses of the Rhode Island Hospital Training-School, bow in deep submission to God's will.

(2) That we feel that through her sudden departure we have lost a true and faithful friend, and that our school has been deprived of one who through her zeal and love for and fidelity to the noble profession she had chosen gave every promise of reaching preëminence in that profession.

(3) That we realize only too painfully by her demise what a large place she filled in our hearts.

(4) That we shall ever hold her in loving remembrance, remembering her, not as one who was, but as one who is, one who is now living with God in the light of His countenance.

(5) That we shall ever strive to emulate all that was good and noble in her, especially her genial and kindly disposition, her fidelity to every trust reposed in her, and her strong and beautiful Christian character.

(6) That we extend our sincere sympathy to the members of the bereaved family and commit them for consolation to Him who has said, "I will not leave you comfortless."

(7) That a copy of these resolutions be sent to the family of the deceased, to the nursing journals for publication, and be recorded in the minutes of the Nurses' Club.

E. WHITE,
F. POWERS,
M. TIVERCHI,
Committee.



SOCIAL SECRETARY IN PHTHISIS HOSPITAL.—A significant innovation was made recently by Commissioner Homer Folks, of New York City, in the management of the Phthisis Infirmary on Blackwell's Island by the appointment of a deputy superintendent of the Metropolitan Hospital, who will have, in addition to the ordinary duties of such a position, distinctly social functions in the men's department of the consumption hospital. The special duties of this officer in connection with the Phthisis Infirmary are twofold,—first, to collect statistics of social and economic interest from all men patients; and, second, to organize social life among them. It is believed that the introduction of games, reading-rooms, and similar interests will increase materially the value of the hospital, both by improving the mental attitude of the patients and by inducing them to stay on the island long enough to receive the maximum of good from the treatment provided.

Deputy Superintendent Christopher Easton, who entered upon the duties of this position the last of September, has already begun to collect statistics. In the interview which he has with each man as he enters the institution, he not only asks questions in the interest of his record, but also tries to establish a personal relation with the patient. The newcomer is told what are the real objects of the institution in regard to him and what is expected of him in his life there; some instruction is given in the simpler principles of hygiene, and a start is made in bringing home to him the fact that this improvement and care rests largely with himself.

There has not yet been time for much progress in the development of social activities, but a gratifying change has already been observed in the attitude of the men towards the institution, and there is every reason to hope that the expectations of the Commissioner of Public Charities in creating the new office will be realized.—*Charities.*

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



ORGANIZATION NOTES

THE Matrons' Council meeting at St. Bartholomew's Hospital in October had a number of interesting matters of business to transact. A pleasant incident was the passing of a resolution, on motion of Miss Isla Stewart, expressive of appreciation of the long years of service in the profession of Miss Agnes Brennan, who lately gave up her post in Bellevue Hospital, New York. Miss Brennan is an honorary member of the Matrons' Council.

The formation of the Society for the State Registration of Nurses was reported. This society, which now numbers nearly five hundred members, was organized by a committee of the Matrons' Council, and is one of the most conspicuous of the various pieces of public work achieved by the council.

Mrs. Bedford-Fenwick, secretary of the Society for State Registration, addressed meetings of nurses in Edinburgh and Glasgow on this subject early in November. Her address was a masterly presentation of the whole question, based upon an historical outline, and built up with every professional, educational, and ethical argument and proof in favor of the movement. Space does not allow its reprint in full, and it would be a pity to condense it. Every nurse who wishes a complete history of the registration movement should procure a copy of this speech.

PREPARATIONS are being made for the International Congress in Berlin in 1904. Committees will be formed in every nation to choose topics and speakers. The International Council of Nurses will reassemble at that time, and it is not too soon for prominent nurses and nurses' organizations to plan for this event.

LETTERS

[THE following letter from Mexico was kindly sent us by Miss Snively, of the Toronto General Hospital, to whom it was written by Miss Thorne, one of her graduates:]

"Mapimi, Durango Mapimi, Mexico, is situated near the Sierra Madre Mountains. It is three thousand feet above sea-level and has a population of fifteen thousand people.

"One does not get the right idea of distance here, everything seems so near and yet is so far away. The mornings and evenings are perfectly delightful, and the sunrise and sunset over the mountains grand indeed. Our time here is two hours slower than that of Canada. The inhabitants all rise early, and I think that is the reason one feels so well. It never troubles us to get up at four or five A.M., the air is so sweet and pure, though we find it necessary to wear warmer clothing morning and evening.

"The flowers are in bloom now, and when the arsenic smoke from the smelters does not destroy them they are very beautiful.

"Situated near the hospital is a mountain which to all appearance it would not be a difficult matter to ascend, so I suggested to a friend one day that we climb it. She told me that that would take two days to accomplish, and that a young gentleman, when a stranger here, wandered out alone one morning and, having no idea of the distance, undertook to climb the mountain. He climbed all day, and when the top was reached it was dark and he could not return. His friends were nearly frantic, and offered one hundred dollars to anyone who would find him. Half the town searched all night in vain. Late the next day the adventurer returned almost a total wreck, his lips dry and bleeding from want of water, and completely exhausted.

"This is the first day of May, and it is quite warm enough. Everything is very bright down here, and although it is a strange-looking place, it is extremely interesting. Mapimi is one of the quaintest places on earth, with its odd-looking streets, its 'adobe' houses, and its strange-looking people.

"In the streets are to be seen men wearing sandals and carrying bundles of fagots on their back, women with large jugs of water hoisted on their shoulders, children wandering about the streets with little or no clothing on them, men and women selling fruit from place to place, and numbers of mules laden with sacks of corn and beans. It all reminds one of Bible stories of the ancient days. As soon as I am able to procure photos of the place I will send you some, and you will get a better idea of Mapimi from them than from any description I could write.

"We have not had one good shower of rain for about four months, and of late the thermometer has been registering from 100° to 112° F. in the shade. If we were to have that temperature in Toronto, we should collapse, but here one doesn't seem to mind it at all.

"I have taken to the Mexican fruits; some of them I am very fond of, but others one has to cultivate a taste for. Most of the fruit is very rich. We get the fresh figs and mangos, which are delicious. There are many other varieties which resemble our Canadian fruits, but all have a large, stony core.

"The hospital is built upon the Mexican plan, all the doors opening into a 'patio,' or yard, around which the hospital is built. The surgery stands by itself in the centre of the patio. Everything is on the ground-floor. The ceilings are very high and the floors beautifully polished. There are three private rooms and two large wards, accommodating in all twenty patients. There are good systems of water-works and electric lights and a bountiful staff of servants, so that everything is kept very nicely.

"Pneumonia is one of the most fatal diseases in this vicinity.

"The company are very generous in their efforts to make the hospital all that it should be, and, of course, they are quite proud of it. Of the white population there are some seven or eight Canadians, the remainder are Americans and all very nice people.

"I am learning some Spanish, of course. Just now I am taking three lessons a week and am picking up the names of all the things we use. None of the servants speak English, and the other day I asked the cook in English to do something, upon which she said in the most distracted way in Spanish, 'Only God knows what you say.' It would be amusing to you to hear me speak to the servants in Spanish and English mixed. It seemed quite an undertaking at first, there are so many things to think about here. The head nurse keeps all the books, and the orders for the stores have to be written in Spanish.

"ELLA THORNE."

[THE next extracts are also taken from letters of Miss Snively's nurses who have gone to Yukon, Miss Christine Smith, who has taken charge of the Good Samaritan Hospital in Dawson City, and Miss Ada Gould and Miss Ida Anderson, head nurses:]

"The trip from Toronto to Dawson City occupied two weeks and two days (five days of which were spent in Vancouver) and was perfectly delightful from beginning to end.

"After arriving in Dawson we had a whole week to rest before entering upon our duties at the hospital.

"The Good Samaritan Hospital consists of a main part built of logs and three frame wings. It contains seven private wards, one long semi-private ward, and one long public ward (in which are fourteen beds), two patients' sitting-rooms, the lady superintendent's office, the doctor's office and sitting-room, two large lavatories with patients' clothes-room and store-rooms combined.

"The building has a good system of electric lights and an electric bell attached to every bed. We have not at present, however, any system of water-works. In the summer there is one tap in the kitchen, but in the winter that freezes up and the water is all delivered in barrels.

"Our staff at present consists of three nurses, one resident house-surgeon, night and day orderly, and cook. We get other nurses in when we require more assistance. The nursing so far has not been heavy.

"We have an ample supply of linen, blankets, pillows, spreads, etc., plenty of water-bottles, rubber rings, rubber sheets, etc.

"The rate per day for our private wards is seven dollars and a half to ten dollars, semi-private five dollars per day, and for our government cases we receive two dollars and a half per day. Most of our work consists of surgical nursing. We had one case of enteric fever this fall and later on we expect to have rheumatism and pneumonia cases, but the surgery predominates.

"We have quite a number of men from the mines who have sustained fractures and wounds which have been allowed to suppurate from lack of attention. So far I have done all the dispensing myself.

"We nurses have our rooms upstairs in the main building of the hospital, and they are very cosy indeed. The walls are papered, wood-work painted, and floors carpeted. We each have a bed-room of our own and a cosy little sitting-room.

"The church, the hospital, and Dr. Grant's house all stand in the same grounds.

"Dr. Grant possesses a beautiful lawn (the only one in Dawson), and he did the work of cultivating it himself.

"The church is as pretty a little building as any in Toronto—lovely pipe-organ, first-class organist, good choir, and a large congregation of fine-looking people.

"The weather up here has been very pleasant all fall. We are still (October 19) dressing at seven A.M. without a light and dine at six P.M. without a light also as a rule.

"We have a theatre in Dawson and a very good stock company at present.

"I shall never regret having come to Dawson, if it were for nothing else than the trip itself, we had such a delightful time. Since our arrival here one of us has gained in weight fifteen pounds and another ten pounds, so that, you see, we are not any the worse for the change."

[MISS DORCAS TEAS sends a copy of the last report of the mission work in Egypt with which she is connected, from which we take some extracts:]

"ASYUT, EGYPT.

"FIFTH ANNUAL HOSPITAL REPORT, 1901. *E. Dorcas Teas.*

"With thankfulness to our Heavenly Father for all His goodness during the changes, difficulties, joys, and sorrows of the past year, this report is presented—January, 1901, to December.

"There have been changes. When we entered upon the work of the year we occupied the old house in town where the four previous years had been spent, realizing more and more the inconvenience of carrying on hospital work under such conditions.

"Patients increased in numbers; great crowding was necessary in order not to turn many away; difficulties were numerous, but we may not now mention these all, as we have come to the realization of our hopes in the way of a building. No more now the close, small rooms, the foul air, which could never be avoided, but the spacious, airy, convenient hospital which God has given us.

"We are greatly indebted to the church at home as well as the church in Egypt and other friends here for the aid rendered in raising sufficient funds for the erection of the present building, and pray that they may have a rich blessing in their own souls. We entered the new hospital on October 14, 1901. There was much in the way of finishing remaining to be done at that date, and the noise of various workmen inside and outside of the house continues to the present. Still, each day brings it nearer to completion, while we are able to work with so much satisfaction and comfort that such matters are unheeded, and the patients seem so happy, living half the time outside upon the veranda which runs along the east side of the building. The ventilation and sanitary arrangements are all that could be desired. Facilities for heating water are now being arranged. Some new pieces of furniture have been added to the operating-room—a new sterilizer, thanks to a friend in America; ward carriage, which we purchased, with various other necessary things, which help to add to the comfort of the workers as well as that of the patients.

"There were admitted to the hospital, viz.:

Men	360	Europeans	10
Women	245	Syrians	6
Children	66	Egyptians	655
Total	671	Total	671

"One hundred and eighty-eight of the above number were surgical cases. Many other operations were performed on patients who were not admitted to the hospital and the records have not been on hand since the 'moving.' One hundred and twenty-six villages were represented.

"As to the religious persuasion, the Coptic element predominated, but about one-fifth were Moslems—more than any previous year. Many pay for admission, others are treated free. We would be glad to admit many more and treat them free, but funds are hard to procure, and the expenses of conducting a large institution are heavy, giving many a moment of anxiety to those who have the control and responsibility.

"More nurses are needed, and the servants necessarily must be increased in number. The new house accommodates twice the number of patients, and has been well filled since we entered. For instance, thirty-five was the limit

we could admit in the old house, unless we crowded very uncomfortably; we can now take seventy, and, if necessary, eighty, and not be too badly crowded.

"Every effort is made to have the nursing done in the most scientific manner, but to the present moment there have been no other trained nurses assisting. Those we have trained from the beginning are with us. One we taught left us last summer to go to her home in Syria. . . .

"A neat building for the care of contagious diseases has been erected at a distance from the hospital proper, and is the gift of Mr. Alexander Humphreys, of New York; also an elevator for patients' use is furnished by the same donor, and is a tribute to the memory of, first, Dr. Smith, and, second, the two sons of Mr. Humphreys, who were drowned in the Nile last year. The above-mentioned gift is all because of kindness shown the bereaved family in their time of sorrow by the doctor whose name we have given. Many gifts towards endowing beds have come in, for which we heartily thank the givers. The running expenses of the hospital for the year amounted to four thousand eight hundred and twenty-nine dollars and twenty-five cents. Fees of patients were not sufficient to cover expenses. The contributions reached six hundred and thirty-three dollars and ninety cents.

ITEMS

A PAMPHLET has been written by a German nurse, a sister of the Red Cross in Munich, in which she strongly advocates the formation of nurses' organizations and the regulation and supervision of their education, character, and general standing by the State, with final examination and diploma given by the State and a legally guarded uniform. The article, which is called "The Nursing of Men by Women Nurses," indicates that there is as much confusion, laxity, and want of standards in the nursing profession in Germany as we have here, owing to the disappearance of the religious control and the arising of a new, independent occupation for women which as yet is practically unregulated.



CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING DECEMBER 10, 1902.

ABEL, ROSE E., ordered from the Brigade Hospital, Calamba, P. I., to duty at the Brigade Hospital, Iloilo, Island of Panay.

Bauer, Mrs. Christiana M., formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila.

Bemiss, Nanette N., formerly on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Brinton, Elizabeth M., ordered from the Brigade Hospital, Iloilo, to the First Reserve, Manila, to await transportation to the United States.

Brock, Sarah A., arrived in San Francisco November 10; accompanied General and Mrs. Chaffee to New York; now on leave.

Dangel, Josephine N., formerly on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Kennedy, Emma L., ordered from the Brigade Hospital, Calamba, to the Brigade Hospital, Iloilo, Island of Panay, P. I.

Kepkey, Georgia M., assignment as chief nurse at the Brigade Hospital, Calamba, revoked, and ordered to duty as nurse at the First Reserve Hospital, Manila, P. I.

Konkle, Lena Luda, reappointed December 3 for duty at the General Hospital, Presidio, San Francisco, Cal.

Marker, Ida Maude, late superintendent of the Colorado Training-School, Arapahoe County Hospital, Denver, appointed December 3 for duty at the General Hospital, Presidio, San Francisco, Cal.

McKelvey, Mary J., ordered from the Brigade Hospital, Calamba, to duty at the Convalescent Hospital, Corregidor Island, P. I.

Morgan, Irene A., recently on temporary duty at the General Hospital, Presidio, San Francisco, discharged.

Pennell, Mrs. Mary H., formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

Pringle, Martha E., arrived at San Francisco from the Philippines November 29 on the transport Crook. Under orders for discharge.

Rector, Josephine, ordered from the Brigade Hospital, Calamba, to duty at the First Reserve Hospital, Manila, P. I.

Sears, Annie Maud, formerly on duty at the General Hospital, Presidio, San Francisco, under orders for discharge.

Stockall, Gertrude Mary, appointed December 5 for duty at the General Hospital, Presidio, San Francisco, Cal.

Supple, Margaret A., graduate of Kings County Hospital, Flatbush, Brooklyn, N. Y., appointed December 8 for duty at the General Hospital, Presidio, San Francisco, Cal.

Thompson, Dora E., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines; sailed on the Logan November 1, 1902.

Thompson, Ida L., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines; sailed on the Logan November 1, 1902.

Trenholm, Eva, temporarily assigned to duty as acting chief nurse at the First Reserve Hospital, Manila, P. I.

Weir, Mary J., arrived in San Francisco November 10; under orders for discharge.

Woods, Julia E., arrived in New York on the McClellan November 29. On leave of absence for thirty days.



REPORTABLE DISEASES.—At the New York State Conference of Charities and Correction Dr. Herman M. Biggs, medical officer of the Board of Health, New York City, delivered an address on "Reportable Diseases." The following synopsis is quoted from *Charities*:

"Radical changes should be made in the attitude of the sanitary authorities in regard to notifiable diseases. All diseases which are infectious, and therefore, to a greater or less extent, preventable, should be included in the class of notifiable diseases. Under the term "infectious" I would include nearly all of the diseases produced by the simpler forms of animal and vegetable life."

"A tentative classification, constructed to meet the present knowledge in regard to these diseases and to make a practical grouping for sanitary purposes, was suggested as follows:

"LIST OF INFECTIOUS DISEASES IN WHICH NOTIFICATION SHOULD BE REQUIRED.

"(1) Contagious (very readily communicable): Measles, rubella (rotheln), scarlet fever, smallpox, varicella, typhus fever.

"(2) Communicable: *Influenza, whooping-cough, diphtheria, plague, epidemic cerebro-spinal meningitis, tuberculosis (of all organs), *leprosy, *syphilis, *gonorrhœa, *acute lobar pneumonia, *broncho-pneumonia, typhoid fever, Asiatic cholera, *infectious diseases of the gastro-intestinal canal (dysentery, cholera morbus, cholera infantum, summer diarrhœas of infants), infectious diseases of the eye (trachoma, suppurative conjunctivitis), wound infections, puerperal septicæmia, *erysipelas, tetanus, anthrax, glanders.

"(3) Indirectly communicable (through intermediary host): Yellow fever, *malarial fever.

"(4) Parasitic diseases of the skin: Scabies, tinea tonsurans, impetigo (contagious).

"The asterisk against a diseases indicates that the report is required for general or special investigations of the modes and sources of infection, and to obtain information as to the prevalence and distribution, and to gather statistical data. It was not proposed that the authorities exercise a sanitary surveillance in these cases, but that information be obtained with a view to the ultimate improvement of the conditions which now foster them. Dr. Biggs explained that notification is required in certain of the other communicable diseases because of the liability to their extension among children in schools and other public institutions."

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: This question has frequently occurred to me, Why do resident doctors in a large number of hospitals have superior rooms, table service, etc., to that of the nurses? I have in mind a hospital where a number of graduate nurses are employed—all taking a post-graduate course with one exception—where the nurse furnished her own room. The rooms were unfit for wards. The paint was worn off the floor, leaving an uneven, splintery surface adorned with squares of dirty, ragged carpet, one bureau, one small wardrobe, one small rocker, one straight chair, and two beds constituting the furniture—not even a table for writing-material, books, and work-basket. In size it was a single room, and at one time three nurses were occupying this room—two night nurses and one day nurse. The nurses' dining-table was destitute of flowers, ferns—in fact, everything that would indicate refinement. The china was heavy, the waitress slack and untidy. In this same institution the dining-room used by the doctors was nicely furnished, the waitress trim and neat, the china dainty, and the table never without flowers or a dish of ferns. The doctors' sleeping-rooms were large, airy, and attractively furnished—one doctor occupying a *whole* room. And yet a large number of nurses are superior socially to the doctors, many of them being well-bred, refined ladies, who would appreciate clean, dainty surroundings. As a rule, ladies are more appreciative of refined surroundings than gentlemen. If such is the case, why are they showered so plentifully among doctors, and painfully conspicuous by their absence among nurses? If nurses refused to herd together and demanded at least comfortable, individual sleeping-rooms, equal to those occupied by the doctors, possibly, in time, the dining-room would adjust itself. How can a nurse be neat and tidy in her appearance if she has no room for her toilet articles, not even a place for her work-basket?

Nurses are supposed to understand and appreciate sanitary laws. How can they be conscientious in this line in ward work when they are compelled habitually to daily violate all sanitary laws in their individual lives?

E. L. FOELKER.

DEAR EDITOR: In the October JOURNAL OF NURSING an article was contributed on "Infant-Feeding," also "High Irrigation."

It seems to me a very faulty method to insert the tube and then fill the funnel with the desired solution. What becomes of the air in the tube? What is the temperature of the solution which first passes through the tube? It would hardly seem necessary to suggest to anyone who has had even a limited amount of experience that an irrigation jar or an ordinary fountain syringe is far superior to the funnel. The correct temperature of the solution is maintained throughout the irrigation, which is impossible in pouring to the pitcher, from the pitcher to the graduate glass, from the graduate glass to the funnel. The solution is sterile no longer, the temperature is 100° F. no longer. The baby's

intestines are filled with air, then cold solution, then tepid. If the solution is permitted to pass through the tube until it runs hot, then pinched off about four inches from the end, then insert the tube, the irrigation will be given aseptically and the correct temperature of the solution maintained throughout the irrigation, which is absolutely necessary in rectal irrigation. A hot irrigation is stimulating, a warm one depressing, and generally a stimulating effect is desired when an irrigation is ordered.

E. L. FOELKER.

DEAR EDITOR: The recent death of Mr. Thomas B. Reed, so many years distinguished as a parliamentarian, may make it possible to relate with propriety his exceeding kindness and courtesy to nurses some months ago.

The details of organization of the New York State Nurses' Association were in question and had created some little controversy. The question of classification of membership especially was debated, and the advisability of allowing membership by clubs and also by individuals. Several other points were under discussion, as will be remembered by referring to the nursing journals. Mr. Reed was personally consulted by one of the members, and though engaged at the time in his heavy law business, he gave his individual attention, in the kindest way, to the points at issue, considered every one, and passed judgment on each. With the kindness so deep in his nature, he concluded his advice by giving to her as a present his own manual on parliamentary procedure. The members of the State Association may rest easy with the knowledge that in all its main features the constitution with the by-laws has been subjected to the scrutiny and judgment of the greatest chairman the House of Representatives has ever had.

A MEMBER N. Y. S. N. A.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communication cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



EDITORIAL COMMENT



THE YEAR THAT HAS CLOSED

DURING the year that has just come to an end work has been done for the advancement of the nursing interest of which the profession may well be proud.

State registration, which was so entirely in its infancy at the time of the Buffalo Congress, has since that time, and under the stimulus of that gathering of nurses, become a recognized necessity. One year ago the State Associations of New York and Illinois had not completed their organization, and New Jersey was just beginning to move. To-day Virginia and North Carolina have joined the advance procession, and Massachusetts is beginning to agitate. In Great Britain a national society has been formed with registration as its motive, and before the new year has closed the result of this movement in both countries will be at least nearer a definite settlement, if not positively concluded.

One year ago comparatively few of the leading nurse-schools were concerning themselves with the subject of preliminary training. The Johns Hopkins School alone was trying the experiment after a year or more of careful planning. During the year (July JOURNAL) Miss Nutting has given to the profession a full report of her curriculum and its result, which demonstrated that the methods in use at that school were greatly in advance of any other system in operation.

During the year the need of preliminary instruction has become universally recognized and accepted, and in two cities, at the New York City Training-School and in Rochester, definite experiments are being tried.

PROFESSIONALISM IN THE NEW YEAR

WE feel justified in claiming for the JOURNAL a considerable amount of credit for the progress made upon these lines, it having been largely the medium for the interchange of such ideas.

In the coming year we hope to see develop and grow a broader spirit of professionalism. Dr. Worcester explained in his paper, "Is Nursing Really a Profession?" (in August) the difference between a trade and a profession. In a trade the workman keeps secret any new invention or protects it by a patent that he may reap the benefit for his own personal gain, while the member of a profession, having made a discovery of value either to his fellow-members or to humanity, gives freely of that knowledge to his profession and to the world at large that the benefits may be as far-reaching as possible.

In a trade motives are selfish; in a profession they are educational and altruistic.

With State registration will come the first tangible step towards a genuine professional basis for nurses. Until that time comes we have no recognized place either with the professions, the trades, or the technical schools. With registration a minimum standard of education for the nurse will be fixed by law upon such lines as nurses themselves shall direct.

To keep pace with this advance in professionalism the spirit of reciprocity needs to be cultivated, both between training-schools, individual nurses of different schools, and with the women in other lines of work. There is a tendency

to profit by the experience of others, but to give grudgingly of the result of one's own efforts. Such a spirit is contrary to the professional idea.

Every man or woman whose experience in life has brought him or her into the turmoil of affairs learns quite as much from his or her failures as from successes, and profits equally by the successes or failures of others. In just the measure that we hope to receive, we must give.

Among schools for nurses there should be a freer interchange of the result of experimental methods. Among graduate nurses there should be a complete wiping out of school lines, and that we shall consider the nurses of other schools as members of the great body professional, judging of their worthiness by their character and the quality of their work rather than by their school. School lines must not be permitted to limit our professional boundaries, neither must we stand apart, satisfied to work only with, and for, the women of our chosen profession. We are a part of the great woman's movement of the age in which we live, and women in other lines of work need us, just as much as we need them, to prevent our becoming narrow and one-sided.

THE EDUCATIONAL STATUS

THE present issue of the JOURNAL may quite properly be called a Training-School number, containing, as it does, so many papers that relate to teaching methods.

Miss Richards's bit of pioneer history is wonderfully interesting, and, considered in connection with our present status of nursing education, cannot fail to impress everyone with the remarkable results that have come from the efforts of Florence Nightingale and that first group of English superintendents whom she describes. Thirty-one years ago on the first of last September Miss Richards entered the only training-school in existence in this country. The schools in connection with Bellevue, New Haven, and the Massachusetts General Hospitals were nearly, but not quite, ready to open their doors at this time. In those early days Miss Richards was a very powerful factor in the development of training-schools, and, in addition to her personal work as an organizer, she trained many of the women who went out into new places.

We are told that there are thirty thousand trained nurses in the United States. This is at the rate of more than one thousand graduates a year, and it is only in accord with the history of other professions that in a growth so rapid there should be many imperfections. There are training-schools and nurses in every city of any size in this country, and trained nurses, from being a luxury, have become a necessity to the people in every rank of society.

Having, in a measure, supplied the demand for this kind of service, it is still in accord with the history of other professions that we should now turn our attention to the quality of that service, and the efforts that are being made for such improvement are shown in the papers read at the superintendents' meeting in Detroit which are given in this number.

JOHNS HOPKINS METHOD

As we have already stated, the most advanced work that has been tested by time is being done at the Johns Hopkins. There are a number of points to consider in connection with the methods in use there. Miss Nutting's paper, published in the July JOURNAL, shows that the raw recruit enters first upon a

period of theoretical study, and is not called upon for service in the wards until she has completed that portion of her training that can be taught from books, by laboratory methods, and by demonstration without the aid of the patient. When she enters the wards to be taught practical nursing she understands the theory of bacteriology, of asepsis; she is grounded in the laws of hygiene; she is familiar with the construction of the human body and the function of its organs, and she understands food in its component parts and in its preparation. In other words, she understands the theory of medicine and nursing before she is called upon to perform practical work in the wards.

There is no question but that up to this point the Johns Hopkins method is greatly superior to that of any other school's, but it seems to us to have two weak points. We know that it is possible for a woman to give excellent satisfaction as a student, but fail in the practical part of her work. In nursing, manual dexterity, temperament, and the moral qualities are of equal, if not greater, importance than the intellectual qualities, and in Miss Nutting's plan there would seem to be a great opportunity for failure after completing the preliminary training given at such great expense by the hospital. More than that, the expense of this course is infinitely greater than the majority of our hospitals can undertake. Miss Nutting in her report, given in the present number, has not stated whether or not any of the pupils have failed after entering the wards, nor has she given the per capita cost to the hospital.

THE CENTRAL SCHOOL IDEA

At about the same time that the Johns Hopkins method was being arranged, Miss Mary E. P. Davis, who had a short time before resigned as the superintendent of the University of Pennsylvania Hospital in Philadelphia, began to agitate in Boston the central-school idea that she has described in the paper given in this issue. The trouble with Miss Davis's plan is that it is a quarter of a century ahead of the times, and coming to it must be a matter of evolution. The trend of the most advanced thought points to the ideas expressed by Miss Davis. Eventually nurses will pay for that portion of their nursing education that can be obtained away from the bedside of the patient, and the hospitals will be relieved of the responsibility and expense of providing such instruction.

Miss Gilmour's suggestion that high-schools and universities should give elective courses to women intending to take up nursing will eventually be realized, but a demand for such instruction must first be created.

Miss Gilmour's plan, as shown in her paper, and that being followed in Rochester (December number) are similar in some features, but in the latter city three schools are combining to send their pupils outside of the hospital for theoretical instruction under a corps of trained teachers whose sole business in life is to teach. The disadvantage in this plan in both places would seem to be that under the stress and strain of hospital work the pupils are in danger of overwork, and the first incentive for a change in teaching methods has been to protect the pupil from overstrain, which has been the crying evil of the old system.

The hopeful sign of the present situation is in the general dissatisfaction with the old system and the amount of experimental work that is being done, all tending towards the betterment of the quality of nursing service upon lines that shall in time be more uniform, both in theory and practice. The course at Waltham can hardly be classed with that of the other schools, for the rea-

son that the hospital facilities are limited, but in the theoretical and domestic departments the work seems to possess many advantages. With the discussions at the Detroit meeting and the letters that are included, the subject of our educational status is brought down to the present day.

HOSPITAL ECONOMICS PAPER

At the request of the committee in charge of the course in Hospital Economics, we have also included a paper prepared by two members of the class of last year on a training-school curriculum. The advantage of such training before entering upon teaching work appeals at once to the women who have gained their knowledge by thrashing it out of hard experience. This course at Teachers' College is another great factor in the movement for the betterment of the quality of service.

SYMPOSIUM ON TYPHOID FEVER

THE first of a series of papers on typhoid fever commences in this issue, and the writer deals with the subject from its general stand-point. It will be followed by a paper on baths in typhoid, hemorrhages, diet, etc., and as each special paper appears we hope our readers will supplement the writers' information by notes from their own practical experience, thus rounding out the subject in its entirety.

NEW YORK STATE MEETING

WE call attention to the announcement on another page of the regular quarterly meeting of the New York State Nurses' Association to be held the third Tuesday in January in New York City. An interesting programme has been arranged.

Every nurse who is a graduate either from a training-school connected with a general hospital or a New York State hospital for the insane should become a member of the State Association, and those intending to join next year, which begins with the annual meeting the third Tuesday in April, should make application before the twentieth of February.

Four points in regard to registration should be borne in mind:

First, that the immediate benefit will be to the public, the patients, and the physicians, the advantage to the nurses being *indirect* and in the future.

Second, that laws in New York are never retroactive; that is, nurses now in active work will not have to pass an examination, but will register their diplomas and continue to work as they always have.

Third, that placing training-schools under the supervision of the Regents *insures* to a woman giving her time to a hospital the amount of nursing education that the State shall decide is necessary for a nurse to have in return for her services.

Fourth, that the movement for registration is a movement of the nurses of the present day to better the conditions of the nurses of the future.

Who can afford not to march with the spirit of the times?

GREETING

To the many friends who never fail to wish the JOURNAL success, we wish a happy new year.

